6

CITY OF COVENTRY.

BRITISH MEDICAL ASSOCIATION
Library

Annual Report

. . ON . .

The Health of the City

. . BY . .

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Royal Society of Medicine, and the Medico-Legal Society

1910.

Coventry:
CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

The Mayor (Mr. Alderman William Lee, J.P.), *Chairman.*
Mr. Alderman William Hewitt, *Vice-Chairman.*
Mr. Alderman Webb Fowler, M.D., F.R.C.S. (Ed.), J.P.
Mr. Councillor J. Bausor.
Mr. Councillor T. A. Cash, J.P.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.
Mr. Councillor S. G. Poole.
Mr. Councillor F. Snape.
Mr. Councillor T. A. B. Soden, M.R.C.S.
Mr. Councillor J. Thomson.

MONDAY—FIXED MEETINGS.

5 Dec., 1910.
16 Jan., 1911.
13 Feb., ,,
13 Mar., ,,
3 April, 1911.
15 May, ,,
12 June, ,,
10 July, 1911.
11 Sept., ,,
16 Oct., ,,

At 10-30 o'clock in the forenoon.

SANITARY STAFF.

Medical Officer of Health -	E. H. Snell, M.D., D.P.H.
Assistant Medical Officer of Health - - -	J. H. Cates, M.D., D.P.H.
Public Analyst - - -	A. Bostock Hill, M.D., D.P.H.
Veterinary Inspector - -	William Dale, M.R.C.V.S.
Inspector of Nuisances -	W. H. Clarke.*
Assistants - - - -	J. H. Drury.* ‖ ¶ W. Martin.* J. Barnish.* L. Skeeles.* ‡ ‖
Sub-Assistant Inspector -	T. Preedy.
Health Visitors - - -	Miss M. F. Reid * † ‡ § (from Jan. 31, 1910). Miss S. G. Barrett * † ‡ § (from Feb. 21, 1910).
Correspondence Clerk -	F. Evans.
General Clerk - - -	W. Storer.
Junior Clerk - - -	W. A. Imber.
Disinfector - - -	C. J. Emerson.
Assistant Disinfector and Driver - - -	F. Maton.

* Inspector's Certificate of Royal Sanitary Institute.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

§ Certificate of Central Midwives Board.

‖ Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.

¶ Certificate of Royal Sanitary Institute for Hygiene in its bearing on School Life.

CITY HOSPITAL SUB-COMMITTEE.

THE MAYOR (MR. ALDERMAN W. LEE, J.P.), *Chairman.*
MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER, M.D., F.R.C S. (ED.)
,, COUNCILLOR BAUSOR.
,, ,, T. A. CASH, J.P.

MR. COUNCILLOR FRISWELL.
,, ,, H. H. KENDRICK, M.R.C.S.
,, ,, T. A. B. SODEN. M.R.C.S.

FIXED MEETINGS—EVERY FOURTH FRIDAY.

Being in each case the Friday preceding a meeting of the Sanitary Committee.

AT 3 P.M., AT THE CITY HOSPITAL.

CITY HOSPITAL OFFICERS.

Matron - - - - - - MISS M. DAVIDSON.
Medical Superintendent - - E. H. SNELL, M.D.

EXECUTIVE SUB-COMMITTEE.

(To deal with Diseases of Animal Acts, 1894 and 1896, and Orders of the Board of Agriculture thereunder; and also the Provision of a Public Abattoir, Municipal Common Lodging House, and Public Mortuary).

THE MAYOR (MR. ALDERMAN W. LEE, J.P.), *Chairman.*
MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. COUNCILLOR BAUSOR.
,, ,, CASH.
,, ,, POOLE.

MR. COUNCILLOR SNAPE.
,, ,, SODEN, M.R.C.S.
,, ,, THOMSON.

HOUSING SUB-COMMITTEE.

(For inspecting alleged unfit Houses).

THE MAYOR (MR. ALDERMAN W. LEE, J.P.), *Chairman.*
MR. ALDERMAN W. HEWITT, *Vice-Chairman.*
MR. COUNCILLOR CASH.
MR. COUNCILLOR POOLE.
MR. COUNCILLOR SNAPE.

SANATORIUM SELECTION SUB-COMMITTEE.

THE MAYOR (MR. ALDERMAN W. LEE, J.P.), *Chairman.*
MR. ALDERMAN W. HEWITT, *Vice-Chairman.*
MR. COUNCILLOR SODEN, M.R.C.S.

EDUCATION COMMITTEE.

Alderman Lee, J.P.
,, Bird, J.P.
,, Fowler, M.D., J.P.
Councillor Allchurch.
,, Bettmann, J.P.
,, Halliwell.
,, Halpin.
,, Lee.
,, McGowran.
,, Player.
,, Poole.
,, V. Pugh, J.P.
,, Soden, M.R.C.S.
Councillor White.
,, Wyles.
Mrs. S. Cash.
Miss C. K Franklin.
,, M. Scampton.
Rev. Canon Masterman, M.A.
Mr. J. I. Bates, B.Sc.
,, J. Bill, J.P.
,, T. Burbidge, J.P.
,, S. Gorton, J.P.
,, W. Jones.
,, J. Lupton, M.A.

FIXED MEETINGS.

On Wednesdays, at 3 p.m., at St. Mary's Hall.

Nov. 23, 1910.
Dec. 14, ,,
Jan. 25, 1911.
Feb. 22, ,,
March 22, 1911.
April 12, ,,
May 24, ,,
June 21, ,,
July 19, 1911.
Sept. 20, ,,
Oct. 25, ,,

MEDICAL DEPARTMENT.

Medical Officer - - - E. H. Snell, M.D., D.P.H.
Assistant Medical Officer - J. H. Cates, M.D., D.P.H.
Health Visitor and School Nurse - - - - Miss R. Elmhirst § †
Clerk - - - - - T. F. Marsden.

§ Certificate of Central Midwives Board, and is a Nurse.
† Health Visitor's Certificate of Royal Sanitary Institute.

By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall "make an Annual Report to the "Sanitary Authority, up to the end of December in each "year, comprising a summary of the action taken, or which "he has advised the Sanitary Authority to take, during the "year for preventing the spread of disease, and an account "of the sanitary state of his district generally at the end "of the year. The report shall also contain an account of "the inquiries which he has made as to conditions injurious "to health existing in the District, and of the proceedings "in which he has taken part or advised under any Statute, "so far as such proceedings relate to those conditions; and "also an account of the supervision exercised by him, or on "his advice, for sanitary purposes over places and houses "that the Sanitary Authority have power to regulate, with "the nature and results of any proceedings which may have "been so required and taken in respect of the same during "the year. The report shall also record the action taken by "him, or on his advice during the year, in regard to "offensive trades, to dairies, cow-sheds, and milkshops, "and to factories and workshops. The report shall also "contain tabular statements (on Forms to be supplied by "Us, or to the like effect), of the sickness and mortality "within the District, classified according to diseases, ages, "and localities."

Under Sec. 132 of the "Factory and Workshop Act, 1901," the Medical Officer is also required in his Annual Report to report specifically on the administration of the Factory Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

The Memorandum of the Board of Education, dated November 22nd, 1907, requires that "every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence. The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the Elementary Schools of the district.

It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth."

PART I.

Vital Statistics, &c.

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CITY OF COVENTRY.

Thirty-sixth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of submitting to you the thirty-sixth Annual Report—the fourteenth that I have presented—concerning the vital statistics and general sanitary condition of your City.

For several years past the vital statistics for the city have shown that very healthy conditions have pertained. These figures are not only satisfactory from the point of view of a manufacturing town, but they would do credit to a health resort. It is very pleasant to be able to report that the figures for 1910 have, in several important respects, established fresh local records.

Ten years ago, when the death rate was 17.5, it would have been looked upon as incredible that a death rate of 11.4 would in so short a time be reached.

In 1898 the infantile mortality rate stood at its maximum for recent years, viz. :—200; it has been steadily declining since, and in 1910 the low figure of 86 was attained.

The death rate from Phthisis has been lower than ever before.

The epidemic of Scarlet Fever which began in 1909 has continued; the fatality from the disease has, however, been small.

In connection with the medical inspection of school children the most important step taken has been the framing of a scheme for a school clinic, which, during the writing of this report, has been adopted by your Council; this is referred to later.

I desire to draw attention to the paragraph relating to the economic value of the population, and to express the opinion that this report does not fall behind those of the trading departments of the Corporation in actual monetary value to the community.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1910 have been as follows :—

Estimated population at the middle of the year, 102,000.

Birth Rate, 26.2. Average for previous 10 years, 28.9.

Marriage Rate, 17.4. Average for previous 10 years, 17.0.

Recorded Death Rate, 11.4. Average for previous 10 years, 14.7.

Infantile Death Rate, 86.0 per 1,000 births. Average for previous 10 years, 117.8.

Zymotic Death Rate, 0.75. Average for previous 10 years, 1.3.

Respiratory Death Rate (excluding Phthisis), 1.52.

Phthisis Death Rate, 0.87.

Death Rate from other forms of Tuberculosis, 0.48.

Physical Features of the City and District.

In a Memorandum as to Annual Reports of Medical Officers of Health, issued by the Local Government Board in 1910, one of the subjects suggested as deserving to be borne in mind in the preparation of these reports is that of the physical features and general character of the district, and it is pointed out that these reports are for the information of the Board as well as of the Council of the district, and that a statement of the local circumstances, and a history of local sanitary questions, which may seem superfluous for the latter, may often be needed for the former body.

I have recognised that a contribution such as this is rendered more valuable if written by one with extensive geological and topographical knowledge.

For my report for 1903 I was indebted to Mr. Alderman William Andrews, F.G.S., for an account of the physical features of the city and district. Alderman Andrews has now kindly made that account more complete, and it appears as an appendix to this report.

Population.

On January 11th I presented the following report to your Sanitary Committee :—

"The estimation of the population in a year far removed from the last census is always a matter of difficulty, and to some extent a matter of conjecture.

As all our vital statistics are calculated on this estimate, it is greatly to be regretted that there is not a census of the population every five years.

We have had here, however, the advantage of an unofficial census made by the Corporation in 1906. We have also definite information concerning the actual number of new houses which have been completed, and also concerning the number of empty houses. We are therefore considerably less in the dark on the matter than the Registrar-General, who calculates our population simply on the supposition that the increase which took place between 1891 and 1901 is continuing at the same rate. On this supposition he estimates our population for last year at 80,163, whereas we are perfectly certain that our own estimate of 93,500 is nearer the mark. This is of considerable importance, in that the periodical statistics of the Registrar-General published officially include a corresponding error.

Supposing our estimate of the population for 1910 is based on the actual rate of increase which occurred between 1901 and 1906, and supposing this rate to be continuing, this worked out as an ordinary geometrical progression calculation shows that the population in the middle of 1910 will be 97,778.

On the other hand, from the figures supplied by the City Engineer, we are led to think that the actual increase since 1906 has been greater than from 1901 to 1906; the building operations have been more active; and we know that quite a small number of houses are remaining unoccupied; supposing the same rate of building to continue, and the existing modicum of prosperity to last, we may conclude that at the middle of 1910 the population will approximate to 99,000.

I should, however, prefer to under-estimate rather than to over-estimate the population, and I therefore propose taking a figure between these two estimates as representing the population for 1910, and I think it best therefore to place it at 98,000, and on this figure I propose to calculate the vital statistics for the ensuing year."

During the passage of this report through the Press the preliminary figures of the census for 1911 have become available. A consideration of these shows that the above estimate of 99,000 is probably about 3,000 below what it should be. For this report the vital statistics for the year have therefore been re-calculated on the basis of a population of 102,000, estimated for the middle of the year 1910.

Economic Value of the Population.

In the thirty-ninth Annual Report of the Registrar-General, the late Dr. Farr pointed out that although various attempts had been made to estimate the amount and the increase of the capital of the Uuited Kingdom, the most important part of the capital of the country and its increase had never been determined, viz. :—the economic value of the population itself. He pointed out that as lands, houses, railways, etc., are of value because they yield annual returns, so for the same reason, and on the same principle, the income of the population derived from pay of every kind can be approximately capitalised. This capitalisation proceeds on the present value at any age of the future annual earnings; it varies, therefore, with the age and the expectation of life as shown by a Life Table. Money has become cheaper since Dr. Farr wrote, and wages have gone up; but as an example it may be stated that he calculated the value of the future earnings of

(1) An agricultural labourer on good wages at the age of 25 to be £627; (2) of a similar labourer on low wages, £481; and (3) of persons earning an income of, say, £288 a year, to be £5,329; the average amount of wages after that age being £1,068, £796, and £10,462 respectively.

When the expectation of life at all ages and both sexes is considered, Dr. Farr calculated that the minimum value of the population of the United Kingdom, due to their inherent value as a productive money-earning race, was £150 per head.

This matter is emphasised here because to many people "death rates" carry no particular meaning, whereas reports of commercial undertakings stated in pounds, shillings, and pence, are quite clear and reasonably interesting. It has also to be remembered that the value of land, railways, houses, gas undertakings, and most trading concerns depends on the population; if this declines all other values go down.

Adopting Dr. Farr's figure—which would be a considerably under-estimated figure for to-day—and expressing the death rate in its terms, it means that if the death rate of 1910 had been that of 1900, *i.e.*, 17.5 instead of 11.4, no less than 622 more people would have died last year in Coventry than did die. Taking these lives at the low value of £150 each—a figure based on the wages of the agricultural labourer—there would have been a loss to the city of a capital value equal to £93,330.

The reduction of the death rate is wholly due to improved sanitary conditions.

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

Wards.	Estimated Population, 1910.	Houses Completed June 30th, 1909 to June 30th, 1910.	Occupied Houses, Census 1901.	Vacant Houses, Census 1901.	Vacant Houses, 1910.	Demolished in 1910.	Estimated Increased Population.	Death Rate, 1910.	Average Death Rate (10 years).	Birth Rate, 1910.	Infantile Death Rate.
Radford ..	7159	29			16	10	336	11·3		26·6	94
Foleshill ..	10851	42			10	—	776	9·9		30·4	81
Harnall ..	8435	—			2	—	—	11·1		22·9	108
Swanswell ..	9478	63			4	—	678	12·3		29·9	119
Bablake ..	5741	3			12	—	20	15·1		22·8	152
Cheylesmore	7940	9			11	8	31	15·7		20·5	73
Hearsall ..	11890	321			23	5	2616	7·0		23·0	87
Grey Friars	642	3			12	19	—	10·7		23·0	54
Hill Fields ..	8700	53			8	—	529	10·9		23·3	64
All Saints ..	6146	—			8	6	40	11·4		27·6	65
St. Mary's ..	6250	1			3	4	8	13·2		19·6	105
Stoke ..	12988	524			20	5	3466	10·0		35·7	62
	102000	1048	15571	511	129	57	8500	11·4	14·7	26·2	86

The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.
Rateable Value, 1910 £393,316 0s.
,, ,, 1900 £266,930 10s.
,, ,, 1890 £145,526 5s.
Density of Population, 1910 = 24·6 per acre.
,, ,, 1909 = 22·5 ,,
,, ,, 1908 = 21·9 ,,
,, ,, 1907 = 20·9 ,,
,, ,, 1906 = 20·2 ,,
,, ,, 1905 = 19·5 ,,
,, ,, 1904 = 18·6 ,,
,, ,, 1903 = 18·1 ,,
,, ,, 1902 = 17·6 ,,
Average number of persons to each occupied house, 1910 = 4 5
,, ,, ,, 1901 = 4·5
,, ,, ,, 1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	....	....	7,000	.....	.. ...	... ..	......
1586	....	....	6,502	.. ...	......	......	......
1643	....	....	9 500	......	......	......	......
1694	....	....	6,710	.. ...	......	... ..	......
1723	1,934	....	....	......	......	... ..	......
1748	2,066	....	12,817	32 ?	......	......	35 ?
1801	2,930	.. ..	16,034	......	......	......	.. ...
1811	3,448	*60	17,923	......	......	.. ...	... ..
1821	3,729	*114	21,448	......	......	......	.. ...
1831	5 444	*421	27,298	......	......	......	......
1841	6,531	*590	31,032	......	......	......	......
				Ten Years' Average.			
1851	7,783	*151	36,812	27	......	......	......
1861	8,991	*1,026	40,936	25	......	... ..	......
1871	8,535	*816	37,670	22	......	......	.. ...
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52,724	18·5	1·7	142	32·0
1901	15,571	353	69,877	16·96	1·9	153·7	29·8
1896	12,606	48	59,151	16·3	1·8	149	28·3
1897	†12,440	73	61,234	16·8	1 8	157	31·3
1898	†12,939	75	61,555	17·3	2·9	200	31·1
‡1899	†13,297	112	61,796	19·0	2·2	164	30·5
1900	15,461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70 300	17·1	2·5	150	29·2
1902	16,240	239	73,000	13·7	1·1	107	27·7
1903	16,821	286	75,700	15·9	1·9	114	28·6
1904	17,202	547	77,500	14·8	1·5	137	29·9
1905	17,888	162	81,000	13·7	1·3	104	26·5
1906	18,726	87	83,900	14·8	2·5	144	28·8
1907	19,706	89	87,000	13·2	·83	102	29·5
1908	20,581	281	91,000	13·3	·94	93·1	28·9
1909	21,730	273	93,500	13·7	1·6	96·8	27·8
1910	22,592	129	102,000	11·4	·75	86·0	26·2

* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

Marriages.

The number of marriages has been 886. This gives a marriage rate of 17.4. The average for the previous ten years was 17.0. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages	Rate.	Rate for England.
1897	622	20·2	16·0
1898	634	20·2	16·3
1899	588	18·4	16·5
1900	642	17·5	16·0
1901	578	16·4	15·9
1902	634	17·3	15·8
1903	574	15·3	15·6
1904	580	15·0	15·2
1905	627	15·4	15·3
1906	802	19·1	15·6
1907	797	18·3	15·8
1908	778	17·0	14·9
1909	796	17·0	14·6
1910	886	17·4	14·8

Births.

There were 2,674 births registered as having taken place during the year within the City. The distribution of the births in the several wards is given in the table on page 29. The birth rate for the year has been 26.2. The average rate for the previous ten years was 28.9. There were 55 illegitimate births registered, or 2.0 per cent. of the total. In 1909 the percentage was 2.3, and in 1908 2.0.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1895	1579	28·1	30·4
1896	1679	28·3	29·7
1897	1920	31·3	29·7
1898	1916	30·6	29·4
1899	1871	29·4	29·3
1900	2269	31·0	28·9
1901	2053	29·0	28·5
1902	2023	27·7	28·6
1903	2165	28·6	28·4
1904	2322	29·9	27·9
1905	2153	26·5	27·2
1906	2422	28·8	27·0
1907	2571	29·5	26·3
1908	2630	28·9	26·5
1909	2601	27·8	25·6
1910	2674	26·2	24·8

Deaths.

There have been 1,153 deaths registered as having taken place during the year within your City; of these 16 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 25 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,162. This gives a *recorded* death rate of 11.39 per thousand of the population. The distribution of these in the several wards is given in the table on page 29. On page 21 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past sixteen years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1910	1162	44595	38·3
1909	1235	46589	36·2
1908	1217	45744	37·5
1907	1152	42072	36·5
1906	1247	45236	36·2
1905	1114	41866	38·0
1904	1132	39623	35·0
1903	1188	43270	36·4
1902	1007	36743	36·4
1901	1203	39709	33·0
1900	1223	42687	34·5
1899	1182	40156	36·5
1898	1060	29858	28·1
1897	1037	35045	33·8
1896	965	33544	34·7
1895	953	33486	35·1

To compare the "Recorded" death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard"* death rate of each town, the "Factor for Correction."† The "Standard" death rate of

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* The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of 12 age-periods in each town were the same as in England and Wales during the ten years 1891-1900, the rate at all ages in England and Wales during that period having been 18·21 per 1,000.

† The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

Coventry is 18.18; the "Factor for Correction" is 1.0017; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1910 was 11.41; this is very slightly in excess (.02) of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population approximates to that of the country generally, but is so circumstanced that it tends slightly to the advantage of Coventry so far as the actual death rate recorded is concerned.

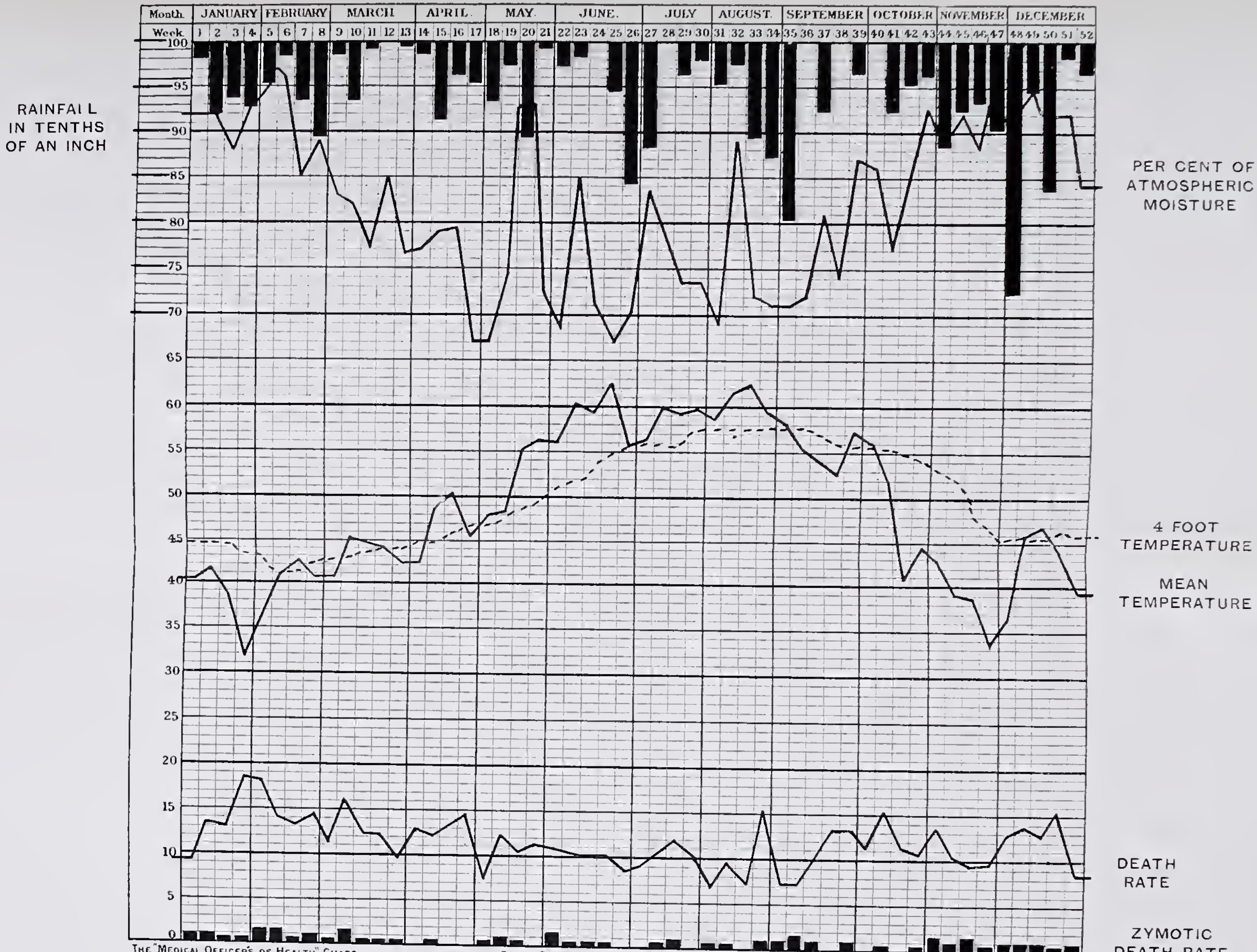
The death rate for		England and Wales was ...	13.4
,,	,,	the 77 great towns was ...	14.3
,,	,,	the 136 smaller towns was ...	12.9
,,	,,	rural England and Wales was	12.8

For the purpose of comparison I am inserting the principal vital statistics for the 77 great towns which are now dealt with by the Registrar-General in his weekly returns. It will be noticed that there is a considerable discrepancy between the figures for Coventry in this table and those in this Report; this chiefly arises from the great error which is now known to exist between the estimated population of this City as given in his estimate and the actual population. This difference amounts to 20,551, or 20.1 per cent. on the official estimate.

No greater argument than such a discrepancy could be brought forward in favour of having a quinquennial census. Official vital statistics are published at yearly, quarterly, and weekly intervals, and these vital statistics are based on estimates of populations which, in this particular instance of Coventry, are shown to be as much as 20 per cent. in error; the statistics themselves, therefore, contain a similar proportion of error, and their value is correspondingly diminished.

CITY OF COVENTRY, 1910.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.



THE "MEDICAL OFFICER'S OF HEALTH" CHART. ENT AT STA HALL. *Printed & Published by John Bale, Sons and Danielsson Ltd. London, W.*

Note.—The death rates on this chart are calculated on an estimated population of 98,000.

Town.	Estimated Population middle of 1910.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
77 Towns	16,940,895	24·9	13·4	1·23	115	0·8
76 Provincial Towns	12 068,193	25·4	13·7	1·28	119	1·1
London	4,872,702	23·6	12·7	1·14	103	0·1
Croydon	164,485	23·2	11·0	0·60	87	—
Willesden	166,088	23·0	9·1	0·63	82	0·5
Hornsey	98,561	14·0	7·7	0·39	70	0·3
Tottenham	132,803	27·9	11·4	0·80	86	—
West Ham	328,585	26·4	11·7	1·20	101	0·1
East Ham	156,208	22·0	8·9	0·65	94	0·1
Leyton	133,436	23·7	9·3	0·68	66	—
Walthamstow	141,748	22·6	9·1	0·63	95	0·1
Hastings	68,520	13·4	12·5	1·03	91	0·8
Brighton	131.900	19·9	14·3	1·27	109	0·1
Portsmouth	217,989	26·7	13·8	1·36	104	0·7
Bournemouth	73,947	17·0	11·7	0·32	75	0·9
Southampton	127,157	23·1	11·8	0·71	79	—
Reading	84,355	19·9	9·9	0·35	75	2·4
Northampton	99,113	19·2	11·4	0·76	110	1·2
Ipswich	75,936	23·6	13·6	0·94	97	0·2
Great Yarmouth	53,715	26·0	14·4	0·64	100	0·1
Norwich	125,446	22·9	12·5	0·69	103	1·3
Plymouth	126,266	20·3	13·5	1·16	114	—
Devonport	84,695	23·7	11·6	1·16	103	—
Bristol	382,550	21·7	11·5	0·59	90	0·1
Stoke-on-Trent	245,726	30·8	16·0	1·84	149	1·9
Burton-on-Trent	54,977	21·1	11·3	1·21	79	1·9
Wolverhampton	105,962	22·6	12·5	0·72	107	0·4
Walsall	101 035	27·3	12·0	1·07	113	1·0
Handsworth	72,335	19·6	8·4	0·49	79	0·8
West Bromwich	71,138	28·7	12·7	0·98	105	1·6
Birmingham	570,113	26·3	13·7	1·12	130	3·0
King's Norton	84,673	21·3	8.0	0·62	67	1·8
Smethwick	72,350	27·3	10·9	1·10	107	0·6
Aston Manor	86,269	23·2	10·8	1·10	111	0·8
Coventry	81,449	32·9	14·2	1·04	87	1·6
Leicester	248,374	21·4	11·3	0·68	126	1·1
Grimsby	74,283	28·2	14·0	1·71	131	1·1
Nottingham	266,471	24·8	14·2	1·01	128	0·5
Derby	131.256	24·1	11·1	0·57	85	—
Stockport	105,087	25·7	15·7	1·32	137	0·4
Birkenhead	122,431	30·5	16·2	1·78	135	0·7
Wallasey	73,173	23·6	12·5	0·97	87	1·0
Liverpool	767,606	30·1	17·7	2·28	140	2·1
Bootle	70,548	28·6	14·7	1·86	128	3·6
St. Helens	96,523	32·6	14·5	1·35	123	4·5
Wigan	91,732	29·8	15·2	1·46	131	0·1
Warrington	73,295	30·4	14·6	1·17	113	3·9
Bolton	190,315	22·9	13·4	1·08	117	0·6

Town.	Estimated Population middle of 1910.	Annual Rate per 1000 living			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
Bury	59,409	20·8	14·7	1·19	126	2·1
Manchester	716,354	27·1	16·1	1·79	131	0·7
Salford	244,636	26·7	15·1	1·70	130	0·4
Oldham	144,111	25·8	17·3	1·79	127	0·1
Rochdale	90,497	21·6	14·9	0·82	104	2·5
Burnley	107,448	24·9	16·3	2·47	168	1·1
Blackburn	137,972	21·4	14·2	1·33	136	2·1
Preston	119,253	23·6	16·3	1·71	158	3·0
Barrow-in-Furness	63,689	25·4	14·3	2·05	120	2·5
Huddersfield	94,702	22·9	16·6	1·13	99	0·6
Halifax	112,818	16·5	12·8	0·71	89	1·3
Bradford	295,865	18·6	14·0	1·25	127	0·3
Leeds	490,985	22·2	13·7	1·28	132	0·1
Dewsbury	51,224	20·8	16·1	1·20	145	—
Sheffield	478,763	26·5	13·4	1·50	127	1·2
Rotherham	66,414	28·3	13·6	1·52	131	0·9
York	88,159	22·6	11·8	0·71	93	0·1
Hull	280,006	28·6	15·2	1·76	135	1·1
Middlesbrough	107,014	32·2	16·9	1·99	144	0·6
Stockton-on-Tees	53,680	27·5	15·2	1·13	124	0·7
West Hartlepool	81,814	22·8	11·5	1·48	131	0·3
Sunderland	161,083	28·5	15·9	1·44	129	2·0
South Shields	119,737	28·1	13·6	1·25	113	3·6
Gateshead	133,676	27·2	13·0	1·37	151	5·5
Newcastle-on-Tyne	285,951	26·4	13·9	1·15	121	0·3
Tynemouth	56,378	31·8	17·1	1·89	125	1·6
Newport (Mon.)	79,729	30·7	13·4	1·13	113	0·3
Cardiff	199,189	24·3	11·9	0·96	111	—
Rhondda	138,674	40·7	15·6	1·69	136	0·6
Merthyr Tydfil	79,522	32·6	16·4	2·04	134	0·2
Swansea	98,817	32·6	17·6	1·18	123	—

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Av'rage for past 10 years
	Jan.											
1	,, 7	17·0	10·2	14·0	13·0	24·3	12·9	13·4	11·0	16·0	9·3	14·1
2	,, 14	19·6	12·2	14·0	13·1	22·2	16·0	13·2	13·5	12·1	10·0	14·5
3	,, 21	21·9	12·7	14·4	14·3	21·9	14·3	13·9	12·9	12·2	10·7	14·9
4	,, 28	21·3	12·8	14·4	13·6	21·5	14·0	14·7	13·6	13·4	12·3	15·1
	Feb.											
5	,, 4	19·4	13·7	17·0	14·0	20·1	13·1	13·9	13·4	12·9	13·2	15·0
6	,, 11	18·6	12·8	17·0	14·1	19·6	14·1	14·5	14·0	13·2	13·1	15·1
7	,, 18	18·2	13·8	15·9	14·9	18·0	14·5	14·8	13·2	13·4	13·1	14·9
8	,, 25	18·2	15·2	15·9	14·8	17·1	14·3	14·9	13·5	13·9	12·9	15·0
	Mar.											
9	,, 4	17·8	15·5	17·0	15·5	16·5	14·2	14·5	13·5	14·0	13·0	15·1
10	,, 11	18·5	15·6	17·0	15·9	16·5	14·3	14·2	13·9	14·6	13·3	15·3
11	,, 18	17·1	15·3	16·9	16·0	16·2	14·5	14·3	14·3	15·0	13·2	15·2
12	,, 25	18·0	15·3	16·8	16·0	16·1	14·8	14·1	14·3	14·7	13·1	15·3
	April											
13	,, 1	16·8	15·4	16·4	16·0	16·6	14·7	14·0	14·1	15·1	12·7	14·9
14	,, 8	18·1	15·4	16·4	16·2	16·5	14·8	14·0	14·0	15·1	12·7	15·3
15	,, 15	16·8	15·4	15·9	16·4	16·2	14·7	14·2	14·1	15·3	12·6	15·1
16	,, 22	18·2	15·5	15·9	16·7	16·0	15·2	13·9	14·4	15·0	12·7	15·3
17	,, 29	17·1	15·5	16·4	16·7	16·2	15·8	13·6	14·4	15·1	12·8	15·3
	May											
18	,, 6	17·0	15·5	16·4	16·6	16·0	15·2	13·7	13·8	15·0	12·6	15·1
19	,, 13	16·8	15·5	16·8	16·6	16·7	15·0	14·0	14·3	15·3	12·6	15·3
20	,, 20	18·2	15·4	16·7	16·5	16·7	14·7	13·9	14·3	15·5	12·5	15·4
21	,, 27	17·7	15·5	16·8	16·4	16·6	14·5	13·9	14·1	15·6	12·4	15·3
	June											
22	,, 3	17·6	15·5	16·9	16·0	16·5	14·6	13·9	14·0	15·4	12·4	15·2
23	,, 10	16·6	15·8	17·0	15·9	16·4	14·4	14·1	13·8	15·5	12·2	15·1
24	,, 17	17·2	15·1	17·0	15·3	16·4	14·3	13·8	13·7	15·5	12·2	15·0
25	,, 24	16·2	14·8	17·7	15·4	16.3	14·3	13·8	13·6	15·2	12·1	14·9
	July											
26	,, 1	16·5	14·7	17·6	15·3	16·1	14·3	13·3	13·5	15·3	11·9	14·8
27	,, 8	16·9	14·7	17·6	15·0	15·9	14·0	13·6	13·4	15·2	11·8	14·8
28	,, 15	17·0	14·7	17·6	14·7	15·8	13·8	13·4	13·3	14·4	11·7	14·6
29	,, 22	16·8	14·5	17·5	14·5	15·8	13·6	13·5	13·2	15·0	11·7	14·6
30	,, 29	16·1	15·0	17·5	14·6	15·5	13·4	13·4	13·3	14·9	11·7	14·5
	Aug.											
31	,, 5	17·4	14·7	17·4	14·0	15·4	13·6	13·6	13·4	14·8	11·0	14·5
32	,, 12	17·6	14·6	17·0	14·0	15·3	13·5	13·3	13·4	14·6	10·9	14·4
33	,, 19	17·7	14·7	16·7	14·2	15·3	13·7	13·0	13·3	14·4	10·8	14·3
34	,, 26	17·7	14·6	16·7	14·2	15·3	14·2	12·9	13·4	14·3	10·9	14·4
	Sept.											
35	,, 2	17·9	14·6	16·7	14·2	15·2	14·2	12·9	13·4	14·2	10·8	14·4
36	,, 9	17·8	14·5	16·7	14·3	15·5	14·7	12·8	13.4	14·2	10·7	14·4
37	,, 16	17·4	14·5	16·5	14·6	15·3	14·9	12·8	13·4	14·7	10·7	14·4
38	,, 23	17·5	14·4	16·5	14·5	15·3	15·1	12·6	13·3	13·8	10·7	14·3
39	,, 30	17·3	14·5	16·5	14·6	15·1	14·9	12·5	13·2	13·8	10·8	14·3
	Oct.											
40	,, 7	17·1	14·3	16·4	14·7	14·9	15·0	12·6	13·2	13·8	10·8	14·2
41	,, 14	17·3	14·3	16·3	14·7	14·8	15·0	12·6	13·1	13·7	10·9	14·2
42	,, 21	17·0	14·4	16·3	14·4	14·7	14·8	12·6	13·1	13·6	10·9	14·1
43	,, 28	16·6	14·3	16·2	14·5	14·7	14·8	12·7	13·0	13·5	10·9	14·1
	Nov.											
44	,, 4	17·0	14·1	16·2	14·5	14·7	14·8	12·8	13·2	13·4	10·9	14·1
45	,, 11	16·9	14·1	16·2	14·5	14·7	15·0	12·9	13·2	13·4	10·7	14·1
46	,, 18	16·8	14·2	16·1	14·5	14·6	14·8	13·0	13·2	13·4	10·8	14·1
47	,, 25	16·0	14·0	16·2	14·5	14·6	14·8	13·1	13·2	13·4	10·8	14·0
	Dec.											
48	,, 2	16·9	14·9	16·3	14·7	14·5	14·7	13·1	13·0	13·5	10·9	14·2
49	,, 9	17·1	14·1	16·2	14·8	14·4	14·6	13·2	13·1	13·7	10·9	14·2
50	,, 16	17·0	13·9	16·2	14·9	14·4	14·8	13·1	13·1	13·7	10·9	14·2
51	,, 23	17·1	13·9	16·2	14·8	14·4	14·8	13·2	13·2	13·7	10·9	14·2
52	,, 30	17·1	13·9	16·3	15·0	14·5	14·8	13·2	13·1	13·7	11·3	14·2

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar-General in his Quarterly Returns of Vital Statistics, together with the records of 55 other recognised meteorological stations. These records are summarised by the Meteorological Office.

The Meteorological instruments at the Coventry station were examined by a representative from the Meteorological Office during the year, and subsequently a certificate was received from that Office stating that "All the instruments were found to be in very good order, and the arrangements for taking the observations are very satisfactory."

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate opposite page 17.

The summary of the meteorological observations taken during the year is given on page 27.

The highest temperature recorded in the shade was on June 20th, when 80.2° F. was reached. Freezing point or below was recorded in the screen on 54 days during the year; these days were distributed throughout the months as follows:—

January	12	July	
February	9	August	
March	7	September	
April	3	October	
May	3	November	17
June		December	3

The highest temperature recorded four feet below the surface of the ground was 57.5° F. on August 24th and 25th, and that one foot below the surface was 65.5° F. on June 26th.

Rain fell on 212 days. The total rainfall at the City Hospital amounted to 29.57 inches, or 2.92 inches more than in 1909.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on July 2nd, when the amount collected was 1.06 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 24.21 inches of rain.

The daily records of rainfall for the year are given on the next page.

RAINFALL, 1910.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	·08	·22	·01	..	·02	·01	·03	·02	..	·30	·48	·61
2	·01	·12	..	..	·02	..	1·06	·04	·01	·13	·26	·52
3	·01	·01	..	..	·05	..	·14	·39	..	..	·09	·38
4	·01	·02	..	·11	·05	..	..	·01	..	..	..	·13
5	·01	·09	..	·04	·15	..	·69	..	..	..	·04	·02
6	·01	·02	0·09	·01	·02	..	·26	..	..	..	·09	·02
7	..	·03	·21	..	·37	·13	·06	..	..	..	·01	..
8	·05	·04	·13	..	·08	·01	..	..	..	..	..	·07
9	·02	·01	·20	·02	·01	·01	..	..	..	..	..	·17
10	·31	·01	..	·01	..	·03	..	..	..	·08	·39	·13
11	·27	·02	·05	..	·16	..	..	·18	..	·40	·20	·01
12	..	..	..	·18	.02	..	..	·01	·01	·19	·06	·17
13	·03	·10	..	·05	·01	..	..	·03	..	..	·56	·10
14	·07	·35	..	·29	..	..	..	·32	·73	..	..	·38
15	·09	..	..	·19	·06	..	..	..	·01	..	·05	·76
16	·20	·05	·03	·13	..	..	..	·03	..	·03	..	·11
17	.06	·06	·02	..	·38	..	·08	..	..	·09	·01	·08
18	·25	.08	·04	·01	·22	..	..	·67	..	·03	..	·01
19	·01	·09	..	·06	·03	..	·01	·04	..	·32	·04	..
20	·01	·37	..	·01	..	..	·25	·08	..	..	..	·08
21	..	·02	..	·20	·32	..	..	·02	..	..	..	·01
22	·09	·15	..	..	..	·18	·03	·01	..	..	..	·01
23	·36	·09	..	·08	..	·16	..	·88	..	..	·76	·02
24	·11	·30	..	·10	..	·22	·14	..	..	..	·08	·01
25	..	·06	..	·03	..	·04	·01	·34	..	·04	·08	·01
26	..	·03	..	·02	..	..	..	·04	·01	..	·08	·30
27	·24	·02	·01	..	..	·14	..	..	..	·18	1·03	..
28	·06	·13	·01	·32	·05	..	·05	·47	..	·15	..	·02
29	..	..	..	..	·03	·19	..	·43	..	..	·01	..
30	·01	..	..	·01	·09	·13	..	·03	..	·01	·17	..
31	·01	..	..	..	·16	..	..	..	..	·29	..	..
Totals	2·38	2·49	·80	1·87	2·30	1·25	2·81	4·04	·77	2·24	4·49	4·13
No. of Rain Days.	25	26	11	20	21	12	13	20	5	14	20	25

Total Rainfall for Year 29·57 inches: No. of Rain Days 212.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1910.

	City Hospital.	Davenport Road.	Spencer Road.	Holyhead Road.	Pumping Station, Whitley.
January	2·38	2·49	2·37	2·15	2·29
February	2·49	2·50	2·52	2·60	2·17
March	·80	·98	·84	·71	·87
April..	1·87	1·92	1·78	1·66	1·62
May	2·30	1·93	2·06	2·08	1·85
June	1·25	1·75	1·60	1·22	2·42
July	2·81	2·72	2·47	2·36	2·97
August	4·04	4·31	4·09	4·04	3·61
September	·77	·85	·72	·76	·68
October	2·24	2·06	2·28	2·40	1·86
November	4·49	4·85	4·65	4·06	4·40
December	4·13	4·61	4·21	3·95	3·97
Total	29·57	30·97	29·59	27·99	28·71

For the records of rainfall at Davenport Road, Spencer Road, Holyhead Road, and Whitley, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous eighteen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
January ..	1·26	·67	1·57	3·82	1·27	1·98	·79	3·45	3·44	·98	1·04	2·17	2·66	·72	3·53	·925	·685	1·27	2·38
February	·87	3·07	2·21	·16	·50	3·06	1·03	2·60	3·82	1·64	1·51	1·05	3·13	·80	2·405	1·070	·905	·75	2·49
March ..	·80	·38	1·01	1·94	2·38	2·78	·84	1·21	·62	1·78	1·68	4·03	1·41	3·02	1·24	1·055	2·635	3·05	·80
April ..	·80	·355	1·63	1·92	1·07	2·23	1·98	1·87	1·27	1·92	2·19	1·555	·90	1·475	·46	1·810	3·655	1·43	1·87
May ..	1·51	1·98	2·39	·575	·36	1·95	2·55	2·35	1·66	·88	2·24	3·21	1·55	·265	2·23	3·685	2·235	1·55	2·30
June ..	3·90	·99	1·71	·94	3·52	2·68	·72	1·61	3·15	2·64	2·47	2·65	·33	2·95	3·375	2·520	1·490	3·05	1·25
July ..	2·67	1·845	2·58	2·80	2·345	·36	1·045	1·11	1·62	2·46	1·48	2·69	2·56	·865	·955	2·775	2·435	3·49	2·81
August ..	2·58	1·76	2·32	2·225	2·12	3·78	3·54	1·285	3·00	1·725	3·47	3·97	1·73	4·625	1·005	2·890	3·155	1·91	4·04
September	2·35	1·17	2·26	·79	4·46	2·25	·63	1·73	·45	1·21	1·09	2·13	1·92	2·005	1·015	·780	1·450	2·36	·77
October ..	2·62	3·085	2·99	2·99	2·51	1·74	2·58	2·16	2·77	1·30	2·29	6·38	·595	1·035	5·175	4·640	1·230	3·75	2·24
November	2·17	1·42	2.55	3·81	1·31	1·40	1·90	1·53	1·99	·69	1·595	1·57	1·31	2·74	2·925	2·065	1·185	·61	4·49
December	1·41	2·165	2·43	2·02	3·36	2·58	2·26	1·80	5·09	4·19	1·48	1·34	1·88	·815	2·095	3·355	2·040	3·43	4·13
Totals ..	22·94	19·89	25·66	23·99	25·205	26·79	19·865	25·705	28·88	21·415	22·535	32·745	19·975	21·315	26.41	27·57	23·100	26·65	29·57

The average yearly rainfall at this station for the preceding eighteen years, 1892 to 1909, was 24.48 inches. The rainfall for 1910 was therefore 5.09 inches above the average for these years.

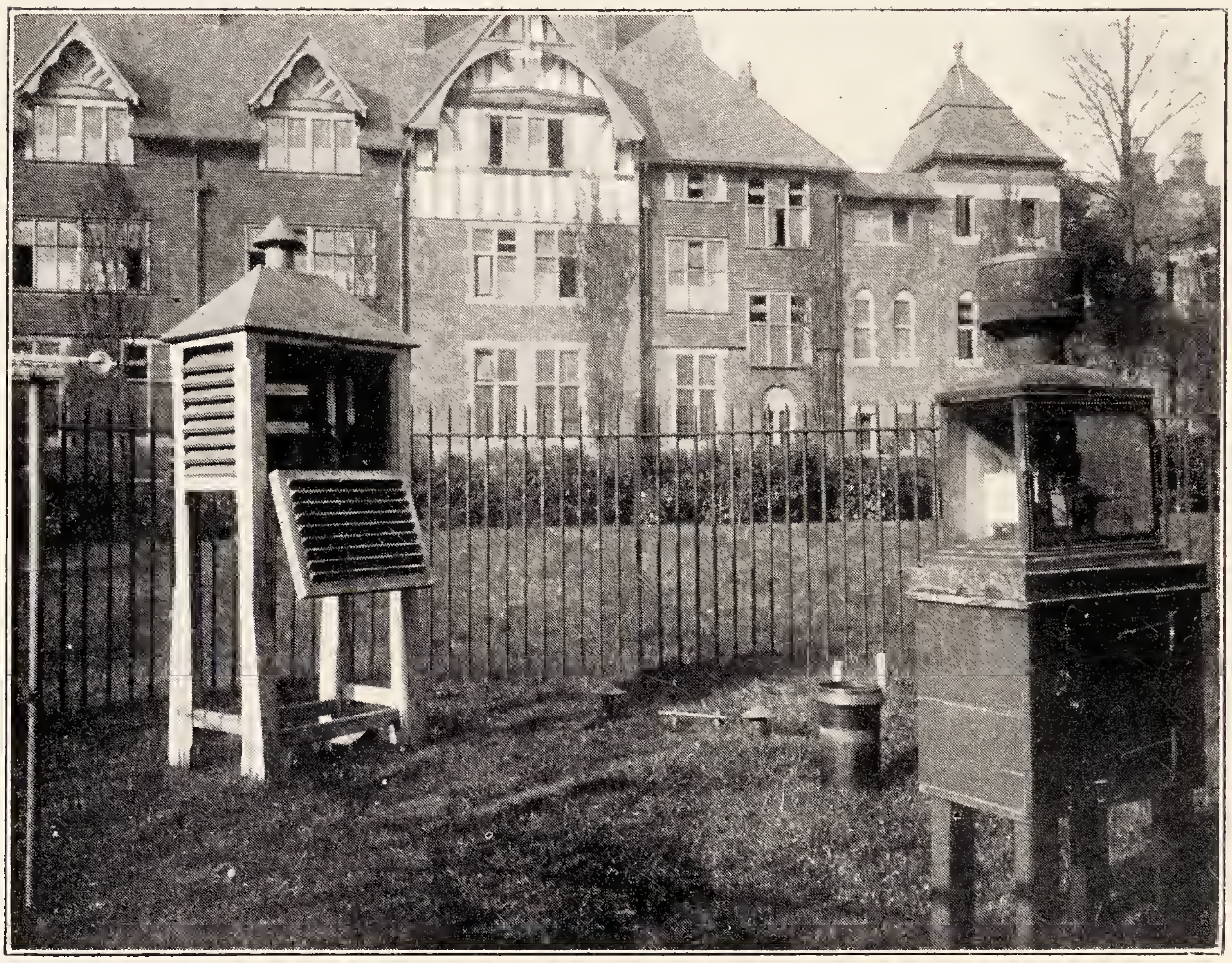
The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 30.9 in 1910.

Below is given the total amounts of bright sunshine recorded during each of the past six years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1905	1343	1053
1906	1536	1338
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104

A Meteorological Station has now existed at the City Hospital for nineteen years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows:—

January	... 37·9°	July	... 61·4°
February	... 38·8°	August	.. 60·3°
March	... 42·0°	September	... 56·1°
April	... 46·9°	October	... 49·1°
May	... 52·2°	November	... 43·1°
June	... 58·3°	December	... 39·5°



Meteorological Station, City Hospital.

Sunshine Recorders, City Hospital

Meteorological Observations made at the City Hospital, Coventry, 1910.

Lat. 52° 24′ 34″ Long. 1° 30′ 20″ Height of rim of rain gauge above mean Sea Level 271ft.

The cistern of the barometer is situated 309 feet above sea level.

1910	Barometer.	Air Temperature.								Hygrometer				Earth Temperature.		Bright Sunshine.		Cloud.	Rain and other Forms of Precipitation.					Weather, No. of Days of							Wind Force (0-12.)		Wind Direction. No. of observations at 9 a.m.							
		Mean of				Absolute Minimum and Maximum.				Mean of Observations at 9 a.m.												Most in a Day.																		
	Mean Pressure at 32° F. at Station Level.	A Max'm.	B Min'm.	Mean of A and B.	Difference from Average.	Minimum	Day of Month.	Maximum.	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.	At 1 foot depth.	At 4 feet depth.	Per cent. of Total Possible.	Total Observed.	Mean of Observations at 9 a.m. (Scale 0-10).	Number of Days.	Total Fall.	Difference from Average.	Amount.	Day of Month.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
	ins.	°	°	°	°	°		°		°	°	in.	%	°	°	%	hrs.			ins.	ins.	ins.																		
Jan.	29·491	42·9	32·4	37·7	—0·1	17	2	54	27	36·5	1·0	·197	92	38·3	44·0	24	56	6·4	25	2·38	+0·35	0·36	23	5	1	0	10	18	1	0	9	3	0	0	0	0	1	12	10	5
Feb.	29·256	46·0	35·5	40·8	+1·4	30	5,12	53	7,17	40·2	1·4	·220	89	37·6	41·9	27	73	6·7	26	2·49	+0·73	0·37	20	0	0	1	6	15	0	2	13	0	1	0	0	1	9	12	2	3
Mar.	29·823	50·7	35·4	43·1	+1·0	29	13	59	30	42·1	2·8	·211	79	40·9	43·0	40	146	5·4	11	0·80	—0·77	0·21	7	1	1	1	10	13	0	0	10	0	7	2	2	4	5	5	3	3
Apr.	29·500	53·1	38·9	46·0	—1·0	28	3	62	21	46·0	3·7	·231	75	45·8	45·1	28	115	8·4	20	1·87	+0·16	0·32	28	0	1	1	0	22	0	0	18	0	7	2	5	0	2	5	3	6
May	29·558	62·3	43·9	53·1	+0·7	29	9	75	20,23	52·3	3·7	·298	76	52·3	48·5	40	194	7·7	21	2·30	+0·32	0·38	17	0	3	2	3	20	0	0	17	0	7	2	8	4	0	2	1	7
June	29·558	68·7	50·9	59·8	+1·0	44	14 15	80	20	60·2	5·1	·370	71	59·8	53·4	36	177	7·2	12	1·25	—0·90	0·22	24	0	0	3	3	14	0	0	12	0	2	6	7	4	5	1	1	4
July	29·539	65·6	51·1	58·4	—3·6	44	24	75	13,14	57·9	4·3	·359	75	60·0	55·9	32	157	8·3	13	2·81	+0·26	1·06	2	0	1	2	1	20	0	0	19	0	3	3	6	3	2	5	2	7
Aug.	29·539	67·2	52·9	60·1	—0·7	45	23	74	11	59·9	3·7	·402	78	60·5	57·1	30	135	8·6	20	4·04	+1·47	0·88	23	0	1	2	0	22	0	0	19	0	0	0	1	5	15	5	5	0
Sept.	29·914	62·4	48·5	55·5	—0·7	37	21	71	28	55·0	3·1	·347	80	56·6	56·5	30	112	7·8	5	0·77	—0·60	0·73	14	0	0	0	6	22	0	1	9	2	0	0	0	0	3	0	12	13
Oct.	29·710	56·6	46·6	51·6	+2·9	41	15	68	1	50·8	2·2	·316	85	52·8	54·6	18	59	7·5	14	2·24	—0·42	0·40	11	0	0	1	3	20	0	0	13	1	1	14	2	0	2	3	2	6
Nov.	29·294	42·7	31·9	37·3	—5·6	22	23	51	13	35·9	1·1	·192	91	40·8	49·5	23	58	5·7	20	4·49	+2·19	1·03	27	4	0	0	10	12	2	23	6	3	2	0	4	0	2	0	11	8
Dec.	29·330	47·4	39·1	43·3	+5·0	26	28	53	16	43·2	1·4	·249	89	41·4	45·8	9	21	8·1	25	4·13	+2·04	0·76	15	0	1	0	3	24	0	7	13	2	0	3	1	6	2	10	6	1
																	1303		212	29·57				10	9	13	55	222	3	33	158	11	30	32	36	27	48	60	58	63

TABLE I.—**Vital Statistics of Whole District during 1910 and previous Years.**

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
				Under 1 Year of Age.		At all Ages.						
		Number.	Rate.*	Number.	Rate per 1,000 Births registered	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	70,075	2269	32·3	298	131	1223	17·4	169	11	15	1227	17·5
1901	70,300	2053	29·2	309	150	1206	17·1	137	14	11	1203	17·1
1902	73,000	2023	27·7	217	107	1002	13·7	130	3	8	1007	13·7
1903	75,700	2165	28·6	248	114	1189	15·7	175	7	25	1207	15·9
1904	77,500	2322	29.9	319	137	1132	14·6	132	6	21	1147	14·8
1905	81,000	2153	26·5	224	104	1105	13·6	148	14	23	1114	13·7
1906	83,900	2422	28·8	338	144	1242	14·8	185	17	22	1247	14·8
1907	87,000	2571	29·5	264	102	1153	13.2	197	14	13	1152	13·2
1908	91,000	2630	28·9	245	93·1	1209	13·2	233	12	20	1217	13·3
1909	93,500	2601	27·8	252	96.8	1282	13·7	247	19	22	1285	13·7
Averages for years 1900-1909.	80,297	2320	28·9	271	117·8	1174	14·7	175	11	18	1180	14·7
1910	102,000	2674	27·2	230	86·0	1153	11·3	212	16	25	1162	11·4

Institution within the District receiving sick and infirm persons from outside the District	Coventry and Warwickshire Hospital.
Institutions outside the District receiving sick and infirm persons from the District	Hatton Asylum. Queen's Hospital, Birmingham, and Exhall Hospital.
Other Institutions, the deaths in which have been distributed among the several localities in the District	Workhouse. Ford's Hospital.

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is given on the side of this table.

Area of District in acres (exclusive of area covered by water), 4,147 acres.

At Census of 1901—Total population at all ages, 69,978; number of inhabited houses, 15,571; average number of persons per house, 4·5.
The Union Workhouse is within the City.

TABLE II.—**Vital Statistics of Separate Localities in 1910 and previous years.**

NAMES OF LOCALITIES.	WHOLE CITY.				BISHOP STREET WARD.				GOSFORD STREET WARD				EARL STREET WARD.				WHITE FRIARS' WARD.				SPON STREET WARD.				NORTH EAST WARD.			
	1.				2.				3.				4.				5.				6.				7.			
Year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
	a.	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*
1900	70,075	2269	1227	298	17,140		343	68	14,811		255	59	12,340		176	37	8756		241	39	8990		165	51	8038		147	44
1901	70,300	2053	1203	309	17,159		292	86	14,821		249	66	12,354		176	50	8475		210	42	8999		141	33	8492		135	32
1902	73,000	2023	1007	217	17,952		234	60	15,251		182	43	12,760		158	32	8463		204	23	9336		109	18	9238		120	40
1903	75,700	2165	1207	248	18,875		288	69	15,662		214	57	13,285		167	26	8445		256	33	9665		133	29	9868		149	34
					SWANSWELL WARD.				ALL SAINTS' WARD.				HEARSALL WARD.				CHEYLESMORE WARD.				RADFORD WARD.				FOLESHILL WARD.			
1904					7330	..	111	40	6000	..	87	22	6530	..	71	16	6600	..	187	40	6300	..	64	17	7000	..	104	38
1905					7870	244	97	24	6050	171	84	22	6860	159	83	16	7100	165	124	20	6300	183	72	23	7850	260	103	20
1906					8262	278	126	49	6073	187	81	17	7086	198	88	18	7541	177	142	25	6623	219	102	26	8672	277	157	61
1907					8275	286	111	30	6089	179	80	17	7886	208	89	16	7741	184	135	22	6635	201	84	16	9172	345	96	33
1908					8635	254	113	37	6089	186	91	19	8561	244	86	10	7867	195	145	28	6751	175	83	11	9847	347	101	34
1909					8800	290	128	32	6106	149	93	8	9274	246	100	18	7909	209	137	30	6823	180	94	13	10075	307	134	41
1910					9478	284	117	34	6146	169	70	11	11890	274	94	24	7940	163	125	12	7159	191	81	18	10851	330	108	27
					HARNALL WARD.				HILL FIELDS WARD.				GREY FRIARS' WARD.				ST. MARY'S WARD.				BABLAKE WARD.				STOKE WARD.			
1904	77,500	2322	1147	319	7150	..	85	32	7050	..	103	31	6230	..	75	15	6200		75	15	5470	..	78	21	5640	..	76	24
1905	81,000	2153	1114	224	7440	219	96	21	7550	211	109	19	6350	134	76	7	6210	126	117	22	5560	130	83	17	5660	151	70	13
1906	83,900	2422	1247	338	7694	203	124	36	7955	208	83	20	6420	160	70	17	6226	161	107	22	5653	147	85	22	5695	207	82	25
1907	87,000	2571	1152	264	7707	228	82	17	7971	229	90	18	6422	155	90	25	6242	132	95	23	5665	152	102	15	7195	272	98	32
1908	91,000	2630	1217	245	8382	236	112	25	8039	203	84	16	6422	141	81	14	6242	147	113	17	5710	144	105	14	8455	358	103	20
1909	93,500	2601	1285	252	8435	214	92	18	8171	219	103	18	6422	131	88	10	6242	154	99	23	5721	116	89	12	9522	386	128	29
1910	102,000	2674	1162	230	8435	194	94	21	8700	203	95	13	6422	148	69	8	6250	123	83	13	5741	131	87	20	12988	464	139	29

NOTES.—(*a*) The separate localities 1899-1903 adopted for this table are areas of which the populations are obtainable from the census returns. Block 1 is used for the whole district; and blocks 2. 3, &c., for the several localities.

(*b*) Deaths of residents occurring beyond the district are included in sub-columns *c* of this table, and those of non-residents registered in the district excluded. (See Note on Table I. as to the meaning of terms "resident" and "non-resident.")

(*c*) Deaths of residents occurring in public institutions are allotted to the respective localities, according to addresses of the deceased (when known).

(*d*) In 1904 the City was divided into 12 Wards, the populations of which are not yet obtainable from official census returns.

TABLE III.

Cases of Infectious Disease notified during the Year 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.													NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.												
		At Ages—Years.																															
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 & upwards.	Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6 (W)	Hearsall Ward. 7	Grey Friars' Ward. 8	Hill Fields Ward. 9	All Saints' Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Whole City.	Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6	Hearsall Ward 7	Grey Friars' Ward. 8	Hill Fields Ward. 9	All Saints' Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Total Cases removed to Hospital.
Small-pox ..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	1
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	104	3	30	43	15	13	..	6	9	8	12	6	3	11	8	12	3	6	20	104	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	70	1	5	4	5	47	8	5	8	11	4	2	3	4	4	7	7	3	12	70	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever ..	1201	7	282	741	117	54	..	98	195	137	135	81	58	81	52	111	56	47	150	1201	66	123	109	115	62	42	50	34	87	49	39	101	877
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever ..	20	..	..	3	7	10	..	..	3	1	1	1	2	1	1	4	2	2	2	20	..	2	..	1	..	2	1	1	2	1	1	2	13
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	8	..	..	..	4	4	..	..	4	..	..	..	..	..	..	1	1	..	2	8	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1404	11	317	791	148	129	8	109	219	157	152	90	66	97	65	135	70	58	186	1404	66	125	109	116	62	44	51	35	89	51	40	103	891

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.
Mark (H) indicates the locality in which the City Hospital is situated. (Built for 62 beds.)
Mark (W) indicates the locality in which the Workhouse is situated.
The Pinley (Small Pox) Hospital is situated outside the boundary in St. Michael's Without.

TABLE IV.

Causes of, and Ages at, Death during Year 1910.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.												Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
1	All ages. 2	Under 1 year. 3	1 and under 5 4	5 and under 15. 5	15 and under 25. 6	25 and under 65. 7	65 and upwards. 8	Radford Ward. 9	Foleshill Ward. 10	Harnall Ward. 11	Swanswell Ward. 12	Bablake Ward. 13	Ch'yl'smore Ward 14	Hearsall Ward. 15	GreyFriars Ward 16	Hill Fields Ward 17	All Saints' Ward. 18	St. Mary's Ward. 19	Stoke Ward. 20	21
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..
Measles	6	1	4	1	..	..	..	..	1	1	..	1	1	..	..	2	..	..	..	..
Scarlet Fever	25	1	13	8	1	2	..	2	2	2	2	..	2	2	1	4	1	1	6	10
Whooping-cough	10	6	3	1	..	..	..	..	2	2	1	..	..	2	..	1	..	2	..	..
Diphtheria (including Membranous Croup)	15	3	8	4	..	..	..	2	1	1	2	..	1	1	..	2	..	..	5	2
Croup	2	..	2	..	..	..	..	1	..	..	..	..	..	.	..	1	..	..	..	..
Fever { Typhus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Enteric	5	..	..	1	..	4	..	..	.	1	..	..	..	1	..	1	1	1	..	2
Fever { Other cont'd	..	..	..	..	..		..	.	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	3	..	..	..	..	3	..	..	1	..	..	..	..	..	..	.	1	..	1	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa. (*See* notes at back)	16	8	7	1	..	..	..	1	1	..	3	..	3	1	..	2	1	1	3	..
Enteritis. (*See* notes at back)	18	13	1	..	..	3	1	2	4	1	..	3	2	3	..	1	..	1	1	1
Gastritis, (*See* notes at back)	1	..	..	..	..	..	1	..	..	..	.	..	...	1	...	..	..	..	..	1
Puerperal Fever (*See* notes at back)	4	..	..	..	1	3	..	..	3	..	1	..	..	..	..	..	..	..	..	..
Erysipelas	3	..	1	..	..	2	..	..	1	1	..	..	..	..	..	1	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	88	..	..	5	17	65	1	4	6	5	8	9	11	6	4	8	6	8	13	12
Other tuberculous diseases	49	11	18	7	5	8	..	2	2	5	5	2	5	4	4	3	6	3	8	7
Cancer, malignant disease. (*See* notes at back)	76	1	1	..	1	48	25	3	8	8	8	5	5	11	6	4	4	5	9	12
Bronchitis	67	15	6	..	..	11	35	2	8	6	8	6	8	3	4	4	4	6	8	2
Pneumonia	77	10	14	3	6	30	14	9	11	5	13	1	8	3	4	9	5	3	6	10
Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Diseases of Respiratory Organs	12	1	2	1	..	5	3	2	.	1	4	2	..	..	..	..	1	1	1	2
Alcoholism } Cirrhosis of liver }	26	..	..	.	..	19	7	2	1	..	6	2	6	1	1	1	2	1	3	9
Venereal Diseases	7	3	..	..	..	4	..	..	..	..	..	1	..	1	1	2	..	1	1	6
Premature Birth	61	61	..	..	..	..	..	6	6	4	8	4	2	6	2	4	4	3	12	..
Diseases and Accidents of Parturition	3	..	..	..	..	3	..	1	..	..	1	..	..	..	..	..	..	..	1	
Heart Diseases	33	1	..	2	2	19	9	2	2	2	2	3	7	3	1	3	2	5	1	8
Accidents	25	10	4	1	..	7	3	3	2	3	2	..	4	2	1	3	2	1	2	15
Suicides	7	..	..	..	1	6	..	1	..	..	2	..	2	..	..	..	1	..	1	2
Not Certified	17	7	2	..	3	5	..	..	3	1	..	1	2	2	..	2	2	3	1	..
Other Septic Diseases	6	1	1	2	..	2	..	1	..	..	1	1	..	..	..	1	1	1	..	2
All Other Causes	500	77	21	11	15	140	236	35	43	45	40	46	56	41	40	36	26	36	56	125
All Causes	1162	230	108	48	52	389	335	81	108	94	117	87	125	94	69	95	70	83	139	228

NOTES TO TABLES IV. AND V.

(*a*) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner *excluded* from columns 2-8 and 9-15 of Table IV.

(*b*) *See* notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" taken into account for the purposes of these Tables. The "Localities" in Table IV. are the same as those in Tables II. and III.

(*c*) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents" are, in addition to being dealt with as in Note (*a*), entered in the last column of Table IV. The total number in this column equals the figures for the year in columns 9 and 10, Table I.

(*d*) The total deaths in the several "Localities" in columns 9-20 of Table IV. equal those for the year in the same localities in Table II., sub-columns *c*. The total deaths at all ages in column 9 of Table IV. equal the gross total of columns 9-20, and the figures for the year in column 12 of Table I.

(*e*) Under the heading of "Diarrhœa" are included deaths registered as due to Epidemic Diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera, and Cholera Nostras.

Deaths from diarrhœa secondary to some other well-defined disease are included under the latter.

Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. are placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.

(f) Under the headings of "Cancer" and "Puerperal Fever" are included all registered deaths from causes comprised within these general terms. Thus: under "Cancer" are included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(*g*) Under "Congenital Defects" in Table V. are included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.

(*h*) Under "Tuberculosis Meningitis" are included deaths from Acute hydrocephalus.

(i) Under "Other Tuberculous Diseases" are included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.

(j) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."

TABLE V.—**Infantile Mortality during the year 1910.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

	CAUSE OF DEATH.	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ...	65	10	17	15	107	14	14	18	12	8	13	11	7	8	7	4	223
	Uncertified ...	1	...	...	1	2	1	2	...	1	...	...	...	1	...	...	...	7
Common Infectious Diseases.	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
	Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	3
	Whooping Cough ...	...	...	...	1	1	1	...	...	1	...	1	...	...	...	2	...	6
Diarrhœal Diseases. (*See* notes to Table IV.)	Diarrhœa, all forms ...	...	...	...	1	1	3	...	...	1	...	1	...	...	...	1	1	8
	Enteritis (Muco-enteritis, Gastro-enteritis) ...	...	...	1	1	2	1	...	4	2	1	1	2	...	...	...	...	13
	Gastritis, Gastro-intestinal Catarrh ...	...	...	1	...	1	...	...	1	...	...	1	...	1	1	...	...	5
Wasting Diseases.	Premature Birth ...	38	8	9	4	59	2	...	...	...	...	...	...	...	...	...	...	61
	Congenital Defects (*See* notes to Table IV.)	6	1	2	1	10	...	...	...	...	...	...	...	...	...	...	...	10
	Injury at Birth ...	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
	Want of Breast-milk, Starvation ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus ...	9	...	1	4	14	...	4	1	1	2	...	...	...	...	...	...	22
Tuberculous Diseases.	Tuberculous Meningitis (*See* notes to Table IV. ...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	1	4
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...	...	...	2	...	1	1	...	2	...	...	6
	Other Tuberculous Diseases (*See* Notes to Table IV.) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Other Causes.	Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis ...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	3
	Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (*not Tuberculous*) ...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
	Convulsions ...	2	...	...	...	2	1	...	3	1	1	1	2	...	...	...	...	11
	Bronchitis ...	...	...	2	1	3	2	3	1	1	1	2	...	1	...	1	...	15
	Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia ...	...	...	...	...	...	2	...	1	...	...	1	...	4	2	...	...	10
	Suffocation, overlying ...	1	...	1	...	2	...	...	1	...	...	...	1	...	...	...	...	4
	Other Causes ...	6	1	...	2	9	2	3	5	2	2	4	2	...	2	1	2	34
		66	10	17	16	109	15	16	18	13	8	13	11	8	8	7	4	230

Births in the year:—Legitimate, 2,619; Illegitimate, 55.

Deaths in the year of { Legitimate Infants, 215.
{ Illegitimate Infants, 15.

Deaths from all Causes at all Ages, 1,162.

Population, estimated to middle of 1910, 102,000.

Infantile Mortality.

There were 230 deaths of infants below one year of age; this gives a mortality per thousand births of 86. The average mortality for the previous ten years was 117.8.

The following table shows, for the past eighteen years, the number of deaths of children under one year of age per 1,000 births in Coventry compared with England and Wales generally :—

Year.	England and Wales.	Coventry.
1893	159	160
1894	137	157
1895	161	152
1896	148	149
1897	156	157
1898	161	200
1899	163	164
1900	154	131
1901	151	150
1902	133	107
1903	132	114
1904	146	137
1905	128	104
1906	133	144
1907	118	102
1908	121	93
1909	109	96
1910	106	86

The Infantile mortality of the 77 great towns was 115; that of the 136 smaller towns 104; and that in England and Wales, less the 213 towns, 96.

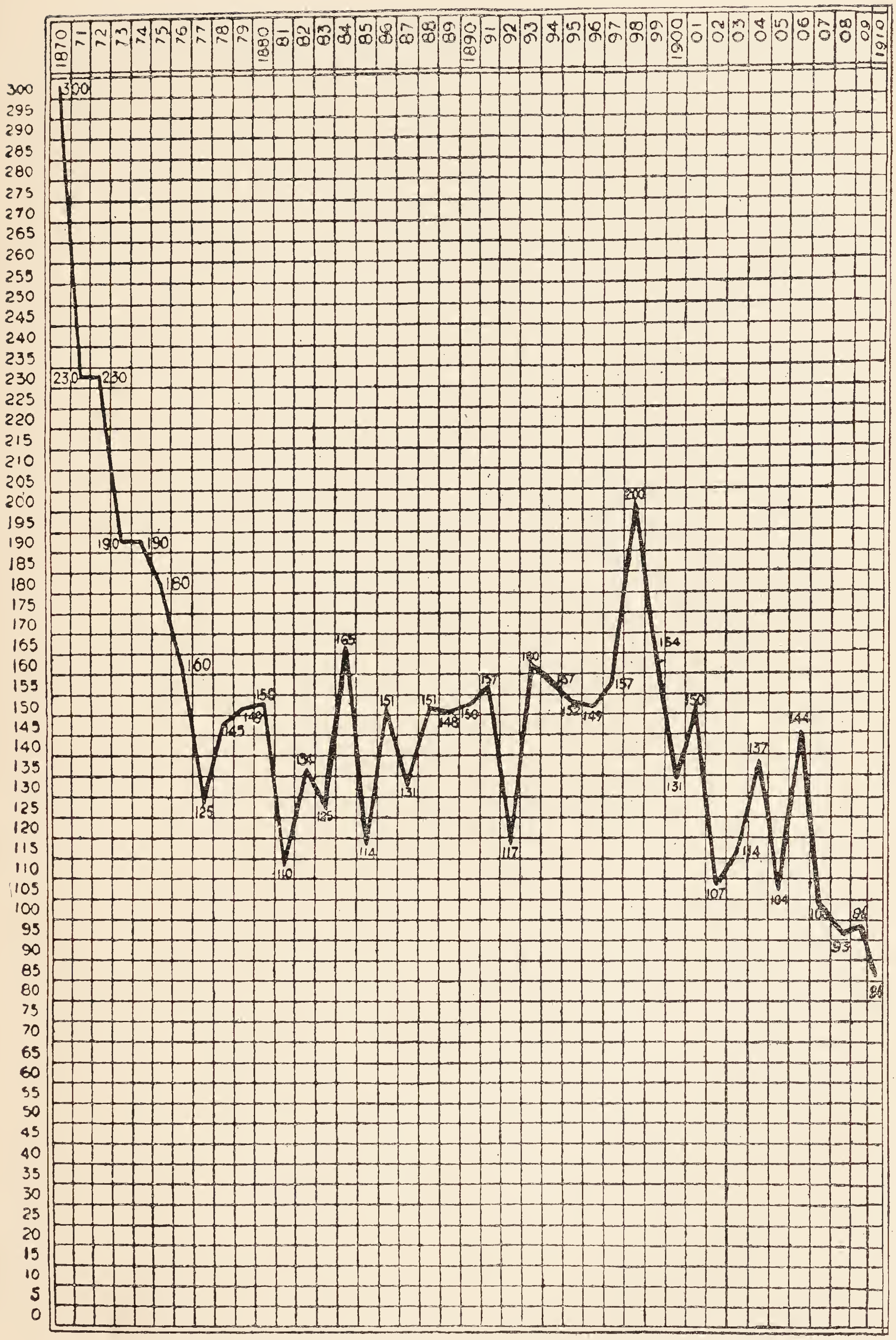
The comparison of this figure with that of the others of the 77 largest towns is given in the tables on pages 19 and 20.

The figure given here for Coventry differs slightly from that of the Registrar-General, for the reason that his calculations relate to the nearest number of complete weeks in the year, while this report deals only with the calendar year.

The Coventry Infantile Mortality figure may be regarded as one of the most satisfactory features concerning the vital statistics for the city for 1910. Reference to the tables on page 19 will show that very few of the large manufacturing towns have an Infantile Mortality figure approaching 86.

COVENTRY INFANTILE MORTALITY

CHART SINCE 1870.



The diminished Infantile Mortality rate is mostly due to the diminished number of deaths from diarrhœa; this matter is dealt with elsewhere.

Of the 230 deaths occurring under one year of age no less than 61 were due to Premature Birth, and as many as 109 occurred before the children were one month old, 66 deaths taking place in the first week of life. It is not likely that any action that a Sanitary Authority may take can have much influence on this latter figure. It will be seen from the figures given on Table 5 that the incidence of the death-rate among illegitimate children is very much higher than among legitimate children; among the latter only 82 out of every thousand died, while of the former 272 of every thousand died.

HEALTH VISITORS.

At the beginning of 1910 your Sanitary Committee appointed two Health Visitors instead of one; it has by this been made possible to have a larger proportion of the births visited than formerly, and a larger number can be subsequently re-visited.

These visits are not made where the character of the house is such that it might be expected that direct medical advice is available. The leaflet, "Hints on the Feeding of Infants," is distributed by post to these houses, and by hand, and explained, when visits are made. This leaflet is here reproduced.

Public Health Department,
10a, Hay Lane,
Coventry.

Dear Madam,

The Sanitary Committee has instructed me to distribute or send to all houses, where births occur, a leaflet containing hints on the feeding of infants. It is possible that in many instances, where these leaflets may be distributed, the mother has already received, or is receiving, directions from a medical man as to the best method of feeding the child. Such personal advice should be more valuable than any printed instructions, and in these instances the accompanying hints are unnecessary. Where, however, this personal advice is not at hand, mothers or others feeding children, are recommended to read the accompanying hints.

I am,

Yours faithfully,

E. H. SNELL, M.D.,
Medical Officer of Health.

Hints on the Feeding of Infants.

BREAST FEEDING.

An infant's most natural and best food is the mother's milk, therefore an attempt should always be made to rear it by breast feeding. If the breast milk is sufficient in quantity, the infant requires no other food up to the age of six months.

The infant should be put to the breast every two hours during the day, and every four hours during the night for the first three months of life; after that the intervals should be gradually made longer.

The more regular the times of feeding the better will the infant thrive.

As far as possible, the quantity of milk at each feed should be the same. Regularity in the times of feeding and the amount of milk taken, *if persevered in*, will do more than anything else to prevent indigestion, flatulence, or wind, which is the common complaint of a crying and fretful baby. It is a bad habit to put the child to the breast simply to make it quiet. Irregular feeding of this kind brings on indigestion or makes it worse.

No child should have the breast after nine months. Even before that the milk becomes poor, ceases to give enough nourishment to the child, and renders the mother weak and more liable to illness of various kinds.

ARTIFICIAL FEEDING.

The best substitute for breast milk is fresh cow's milk suitably prepared. The same food does not suit all infants, but fresh cow's milk should always be patiently tried before anything else. Milk-fed children have a clear skin and good colour, their bones are harder, and their teeth grow better than do those of children reared on the numerous "Infants' Foods."

Cow's milk by itself is too strong for children under seven months.

Infants under a month should be fed every two hours.

Feed the child according to directions given below. For infants under

1 month	1 tablespoonful milk, 2 teaspoonfuls water, ½ teapoonful Demerara sugar, 1 teaspoonful fresh cream.
2 months	1½ tablespoonfuls milk, 2 tablespoonfuls water, ½ teaspoonful Demerara sugar, 1 teaspoonful fresh cream.
3 months	3 tablespoonfuls milk, 3 tablespoonfuls water, ½ teaspoonful Demerara sugar, 1 to 2 teaspoonfuls fresh cream.

The water used should be boiled.

Gradually lessen the quantity of water and increase the quantity of milk after the third month, until at the sixth month the child is taking about nine tablespoonfuls of pure milk. From the end of the first to the end of the third month the child should be fed every 2½ hours during the day, and once, or at most twice, in the night. After the third month the child should be fed every 3 to 3½ hours during the day and once during the night.

Barley water may be used in the same proportions instead of boiled water if the infant is inclined to be constipated.

All the milk should be boiled before use. As soon as it comes into the house it should be put into a clean jug, and the jug placed in a saucepan of cold water on the stove. When the water boils the milk has been made hot enough.

The best bottle is the boat-shaped one with an opening at each end, on one of which the teat is fitted without any tube.

Never use a bottle with a long tube.

The bottle when not in use should be put into a bowl of water containing a little washing soda, and the rubber teat into a cup of clean water without soda. Keep every vessel used in preparing the child's food scrupulously clean.

"Comforters" or dummy teats are best avoided.

The inside of the mouth should be washed with a small piece of clean linen rag and warm water after each meal.

If after carrying out the above directions carefully and patiently, the child does not appear to thrive, vomits or cries with pain after its food, or is troubled with diarrhœa or constipation, it is better to consult a medical man before you make any change in the food.

Formerly we relied on the weekly returns of registered births received from the District Registrars; the result was that the Department often failed to have information concerning births until six or seven weeks after they had occurred, and by that time quite a number of the infants were dead.

On February 15th I brought a proposal before your Sanitary Committee by which it would be possible to obtain information concerning the occurrence of births at an earlier time by requesting the Midwives to notify the fact of a birth within thirty-six hours after it occurred, they being supplied with stamped addressed postcards for the purpose. As the large bulk of the births occurring in this city are attended by Midwives, and as these include most of the cases where Health Visitors' visits might be considered desirable, the plan was approved by your Sanitary Committee, and since that date the Midwives have scrupulously notified the births. As a rule the Health Visitor does not visit until ten days after birth, by which time the Midwife is ceasing to attend.

As both Health Visitors are qualified as Sanitary Inspectors advantage is taken of their visits by their noting any existing conditions concerning the sanitation of the houses which should be remedied, such as dirty walls and ceilings, unventilated pantries, defective sanitary arrangements, overcrowding, dampness, dilapidations, etc. ; also note is made concerning general cleanliness—from the tenant's point of view—of the houses ; 177 " nuisances " have been discovered in this way and reported ; also 154 dirty houses have been discovered, most of which have been satisfactorily dealt with by the owners of the propery concerned.

The following particulars are taken from the report prepared by the two Health Visitors concerning their work for the year :—

BIRTHS.

Of the 2,674 births registered during 1910, 1,750 have been visited by one or other of the Health Visitors with a view to giving advice concerning infant feeding, and 984 have been re-visited.

FEEDING.

The accompanying table shows some of the particulars which were obtained with regard to the feeding of infants. This table is drawn up from the results obtained at the first visits. It will be noticed that the number of " entirely breast fed " infants is much greater than that of " hand and breast fed," or " entirely hand fed " infants, but as time goes on this number decreases, for many of the mothers who at first are able to breast feed their babies are not able to do so later on. Both Health Visitors report that they find that the boat-shaped bottle is being much more used now than the old-fashioned long tube bottles ; mothers are beginning to recognise that they are much less trouble to keep clean, and that the child can get the milk much more easily from them than by sucking through a long rubber tube. " Comforters " are not used quite so frequently as formerly. Patent foods, of any sort, are discouraged for children under six months old.

COTS.

Everything is done to persuade mothers to provide cots or baskets for their infants at night. In probably about two-thirds of the cases this is done, but a considerable number still neglect the advice.

DEATHS.

Enquiries were made in seventy instances where deaths of infants occurred which had been previously visited.

BIRTHS VISITED DURING THE YEAR 1910.

Total number, 1,750.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed.	1463	83·6
(2) Hand and breast fed.	86	4·9
(3) Entirely hand fed.	163	9·3
(4) Unclassified.	38	2.1
Kind of food—		
(1) Fresh cow's milk and water. ..	134	53·8
(2) ,, ,, and barley water.	60	24·0
(3) ,, ,, with Patent Foods.	26	10·4
(4) Condensed Milk.	17	6·8
(5) Biscuits, bread-sop, etc. ...	12	4·8
Kind of bottle used—		
(1) Boat shape.	141	56·6
(2) Long Tube.	59	23·7
(3) Both.	21	8·4
(4) Spoon.	28	11·2
Class of house : rent—		
(1) Up to 5/-	776	44·3
(2) Above 5/- up to 8/-	878	50·1
(3) Above 8/-	58	3·3
Overcrowded Houses—		
More than two persons per bedroom. } No. of houses	883	50·2
Not classified—		
Wrong address given, or removed, or death of baby before visit. ...	38	2·1
Infants put to sleep at nights in a cot.	1289	73·6
Comforters used	797	45·5
Mothers who went to work prior to birth of child	90	5·1

Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these are as follows :—

	Notified.	Died.	Case Fatality per cent.
Small Pox	1	0	0
Scarlet Fever	1201	25	2·0
Diphtheria	104	15	14·4
Typhoid Fever	20	5	25·0
Measles	—	6	—
Whooping Cough	—	10	—
Diarrhœa	—	16	—
		77	

This corresponds to a Zymotic death rate of 0.75. The average for the previous ten years has been 1.3. The proportion of this rate attributable to each of these seven diseases is shown below, together with a comparative statement of the similar figures for the rest of the country.

	Coventry	England and Wales.	77 Great Towns.	136 smaller Towns.	England and Wales less the 213 Towns.
Small Pox	0·00	0·00	0·00	0·00	0·00
Scarlet Fever	0·25	0·06	0·08	0·06	0·05
Diphtheria	0·15	0·12	0·12	0·11	0·12
Typhoid Fever	0·05	0·05	0·05	0·05	0·05
Measles	0·06	0·23	0·31	0·16	0·15
Whooping Cough	0·10	0·24	0·29	0·24	0·17
Diarrhœa	0·16	0·29	0·38	0·26	0·20
	0·75	0·99	1·23	0·88	0·74

The above table shows that the Coventry Zymotic death rate compares very favourably with that of the rest of the country, particularly the urban areas, the only unsatisfactory feature being the undue proportion of the death rate due to Scarlet Fever as compared with the rest of the country; 1910 was an epidemic year for Scarlet Fever in Coventry.

The accompanying table shows how the deaths from these diseases vary from year to year.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 41 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhœa.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
	229	213	297	353	720	639	1984

* The Deaths from Membranous Croup are here included.

Epidemic Diarrhœa.

Nine deaths were attributed to Epidemic Enteritis, and seven to Diarrhœa, making a total of sixteen. The comparison of this figure with those of previous years is given above. It will be seen that in only one previous year was the number of deaths smaller than this, viz., 1894, when there were fifteen deaths among a very much smaller population, *i.e.,* the rate was higher. The smallness in the number of these deaths must be attributed, as in the previous year, largely to the fact that in 1910 there was no long spell of hot, dry weather. The erection of the refuse destructor, and the abolition of the old insanitary method of tipping the refuse in the immediate vicinity of the City, should have a considerable influence on the number of deaths occurring from this disease. Also the steps taken by your Sanitary Committee in regard to care of infants, through the agency of the Health Visitors, should again tend to reduce this cause of death among infants.

Measles.

Six deaths were registered as due to this disease. Only sixty-three cases of alleged attacks of Measles were notified from the Elementary Schools. Of the six deaths, five occurred in children under five years old, *i.e.,* before school age. It is probable that the steps taken by your Education Committee in not admitting children before five years of age will tend to diminish the spread of this disease among infants.

Scarlet Fever.

No less than 1,201 cases of Scarlet Fever were notified during the year, with 25 deaths, giving a fatality per cent. of 2.0. Reference to the table opposite shows that since the notification of infectious diseases this is by far the largest number of cases yet recorded. Also this large number is not entirely accounted for by the increase in the population, the attack rate per thousand people being as high as 12.2, a figure not previously reached, that is, since 1890. The disease has now reached epidemic proportions for over two years past. It is satisfactory to be able to record that the fatality has been so low, in other words, that the disease as now met with is mild, in fact, a large proportion of children suffering from the illness can scarcely be described as being "ill," at any rate, for not more than one or two days. Probably the very mildness of the disease is the cause of its excessive spread, a number of illnesses being so unnoticeable that no serious attention is paid to them. The cases were distributed throughout the City, each one of the twelve wards having a considerable number of cases. The two wards most seriously affected were Foleshill and Stoke. It may be noted that Foleshill Rural District adjoining also suffered from an epidemic of Scarlet Fever.

Of the cases notified no less than 877 were accommodated in Hospital, or 73 per cent., that is, Hospital accommodation was provided for nearly 300 patients more than in any previous year. This was done with the assistance of a variable number of beds at the Exhall Hospital belonging to the Foleshill Rural District Council, 103 having been sent to that Hospital when the City

Comparison of Scarlet Fever Cases, Removals to Isolation Hospital and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per-centage removed to Hospital	Mort'lity per 1000 popula-tion.	Average Mort'lity per 10,000.
1870	37,300		18					·48	7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75.700	121	5	4·1	110	1·6	90·9	·06	
1904	77 500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	
1910	102,000	1201	25	2·0	877	12·2	73·0	·24	

Hospital was full; the cost of this arrangement is given with the expenses of the City Hospital.

Plans were approved at the end of the year by your Council for an extension of the City Hospital by buildings sufficient to accommodate an additional 40 beds for patients, together with the necessary extension of the administrative block for the Staff.

Small Pox.

In the month of May I received an intimation from the Health Department of Lower Bebington (Cheshire), that a Coventry resident who had been in contact with a case of Small Pox in their area was returning to her Coventry home. She was kept under observation, and her medical attendant was informed of the circumstance. After the incubation period had elapsed an attack of Small Pox followed of a very mild and modified character. Had it not been for the intimation received from the above Health Department it is morally certain that the mildness of the attack would have resulted in the nature of the illness being undiagnosed until further cases had occurred. The patient was removed to the Pinley Hospital, and the city was saved an outbreak of Small Pox.

Vaccination.

The following are the returns of the Vaccination Officer for the twenty-two years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84·1
1890	1544	182	1221	111	79·0
1891	1727	228	587	888	34·0
1892	1718	174	118	1400	6·8
1893	1630	193	105	1304	6·4
1894	1590	170	103	1317	6·4
1895	1629	186	65	1378	3·9
1896	1679	251	594	834	35·3
1897	1928	220	151	1606	7·8
1898	1925	274	105	1545	5·4
1899	1888	203	1125	560	59·5
1900	2207	211	946	1050	42·8
1901	2112	247	1298	567	61·4
1902	2046	180	2076	666	101·4
1903	2169	167	2525	525	116·4 *
1904	2306	242	1901	532	82·4
1905	2152	181	1818	643	84·4
1906	2422	240	1748	1031	76·3
1907	2579	210	1880	1070	72·1
1908	2596	192	1524	1346	58.7
1909	2601	203	1385	1495	53·2
1910	2674	161	1124	1407	41·7

*Small Pox prevalent in 1903.

		Declarations made of Conscientious Objections.
1908	...	964
1909	...	1070*
1910	...	1322†

* 5 of these were born in other districts.
† 18 ,, ,, ,,

It will be seen from the above figures that the practice of vaccination is rapidly declining; this is, of course, owing to the extended facilities for avoiding a form of protection which is nominally compulsory. The importance of these declining figures will not be noticed until we have a visitation of Small Pox.

Typhoid Fever.

Twenty cases of Typhoid Fever were notified during the year, and five deaths were registered as due to it. Of the twenty cases notified, fourteen were admitted to the City Hospital; of these two died; three others were admitted to the Coventry and Warwickshire Hospital; the remaining three being nursed at home. All of those admitted to the City Hospital were regarded as Typhoid Fever with the exception of one patient who was suffering from Tubercular Peritonitis.

As regards the causation of the illnesses, in three instances the infection was derived from another case; in no less than seven instances there was reason for thinking that shellfish caused the illness.

In my previous annual reports I drew attention to the question of contaminated mussels, and I again reported on this matter to the Sanitary Committee during the year, and advised that small posters should be prepared advising people against eating uncooked, or improperly cooked, mussels.

Copy of Poster.

CORPORATION OF COVENTRY.

PUBLIC HEALTH DEPARTMENT.

MUSSELS AND TYPHOID FEVER.

Owing to the fact that some attacks of Typhoid Fever have recently followed the eating of Mussels, there is reason to believe that infected Mussels are finding their way into the City, and the Sanitary Committee desire to warn the inhabitants against this danger.

IT IS SAFEST TO EAT NO MUSSELS. IF THEY BE EATEN AT ALL THEY SHOULD BE WELL BOILED.

E. H. SNELL, M.D.,
Medical Officer of Health.

Diphtheria.

During the year 104 cases of Diphtheria were notified, and 15 deaths were registered as due to it.

The table on this page shows how these figures compare with those of previous years, and Table III., on page 30, shows how the cases were distributed throughout the whole of the 12 wards of the City.

Comparison of the Fatality, Incidence, and Mortality of Diphtheria in different years.

Year.	Estimated Population	Total No. of Cases Notified.	No. of Deaths Regist'd.	Fatality per cent.	No. of Cases Treated in Hospital	Attack Rate per 1000 Population.	Per-centage removed to Hospital	Mort'lity per 1000 Population.
1890	49,500	15	6	40·0	..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·38	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0·440
1902	73,000	136	31	22·8	3	1·86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·3	0·140
1907	87,000	43	10	23·2	1	0·49	2·3	0·110
1908	91,000	108	8	7·4	9	1·18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147

In 93 cases applications were received for serum, showing that serum is now used in the large majority of the cases; reports concerning the results of the use of the serum were received from the medical men using it in all the cases; I think that this is the second year in which reports concerning the whole of the cases have been received.

From these reports the following particulars are collated:—The dose used has varied; in one case 1,000 units were used; in 7 cases 2,000 units were used; in 76 cases 4,000; in 2 cases 6,000; in 6 cases 8,000; and in one case 12,000 (being given in 3 repeated doses of 4,000).

The summary of the results is given below :—

Days of illness before use of Serum.	Cases.	Deaths.	Percentage of deaths.
One	23	1	4·3
Two	21	3	14·2
Three	15	4	26·6
Four	8	1	12·5
Five	—	—	—
Six	—	—	—
Seven	—	—	—
Ten	1	—	—
Not stated	25	1	4·0
	93	10	10·7

It will be noted that the fatality per cent. of all the 93 cases was 10.7; the remainder of the notified cases amount to 11; of these we know nothing as to whether serum was used or not, but I think it may be safely concluded that in the majority it was not used; of these 5 died, or there was a fatality of 45.4 per cent.

In order that the fullest advantage may be taken of the serum it should be given as early in the illness as possible. The experience of the large M.A.B. Hospitals, admitting Diphtheria, tends to show that after four or five days its injection is useless; and also that one large dose at once is better than repeated doses.

I have previously drawn attention to the fact that locally this disease has, in recent years, shown little tendency to spread from the patient to other people in the same house; in other words, that the degree of infectivity has been comparatively small. In a special report which was included in my Annual Report for 1909, I gave the figures relating to the number of cases of Diphtheria (including Membranous Croup), showing how small was the number of cases in which secondary illnesses occurred in the same house. For 1910 the figures are as follows :—Of the 104 cases notified, with 5 exceptions, they were all notified from separate and distinct houses. It may be presumed that in these cases the second patient contracted the illness from the first, though this is not necessarily certain. In other words, if the whole of these 104 patients had been admitted to an Isolation Hospital and isolated there at considerable cost, only in these few instances would it have been possible to have prevented any extension of the illness in these same houses, as these were the only extensions of the illness in the same houses that occurred. One further case arose in the person of a Sister at the Coventry and Warwickshire Hospital, who had been brought into direct contact with a Tracheotomy case. So intimately are Nurses brought into contact with Tracheotomy cases, that this kind of risk cannot be avoided.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Increasing advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of Infectious Disease. The total number of specimens examined during the year is given below. In addition, for the Education Committee, 90 samples of hair from school children were examined with suspicion of Ringworm existing. Of these 77 gave positive, and 13 negative results.

	Samples sent.	Result positive.	Result negative.
Typhoid Fever	35	18	17
Diphtheria	78	22	56
Phthisis	140	51	89
	253		

Of the above specimens 42 were sent from the City Hospital, and 6 from the Coventry and Warwickshire Hospital.

Whooping Cough.

Ten deaths occurred among children from this disease; of these, six were under one year of age, and three others between one and five; 25 alleged cases were notified from the schools.

Erysipelas.

Seventy cases of this disease were notified, and three deaths were attributed to it.

Puerperal Fever.

Eight cases of Puerperal Fever were notified during the year; one half of these proved fatal. The comparison of these figures with those of previous years is given on page 68. Enquiries are made by a Health Visitor concerning each case notified.

Probably this is the most convenient part of this Report for summarising the administration of the Midwives Act.

MIDWIVES ACT, 1902.

Thirty-four midwives notified their intention to practise in this City during 1910. The following are their names, addresses, and qualifications for admission to the Roll of Midwives :—

Name.	Address.	Qualification.
Miss L. Coltman	26, Bedford Street	C. M. B. Examination
Mrs. E. F. Gabriel	128, Harnall Lane East	,, ,, ,,
Miss A. Hancox	Railway Cottage, Radford Road	,, ,, ,,
Mrs. H. L. Ives	67, Butts	,, ,, ,,
Miss M. A. Lines	31, Ford Street	,, ,, ,,
Mrs. E. A. Pitt	24, St. Michael's Road	,, ,, ,,
,, A. Rayner	11, George Street	,, ,, ,,
,, A. L. Redgrave	Swift Corner Cottage, Whitley	,, ,, ,,
,, M. Settle	199, Gulson Road	,, ,, ,,
Miss R. Ward	32, Bull's Head Lane	,, ,, ,,
Mrs. J. Ball	17, Barras Lane	City of London Lying-in Hospital
,, A. E. Charlton	4, Union Street	,, ,, ,,
,, L. E. Hellier	13, Norfolk Street	,, ,, ,,
,, S. Dowell	20, King Edward Road	License of Obstetrical Society
,, E. A. Heatley	27, Station Street East	,, ,, ,,
,, M. J. Inkpen	"Lindon House, Maternity Home," Foleshill Road	,, ,, ,,
,, A. E. Musson	91, King Edward Road	,, ,, ,,
,, J. R. Swift	92, Foleshill Road	,, ,, ,,
,, A. M. Weston	261, Stoney Stanton Road	,, ,, ,,
,, A. Cadman	Hall Green, Foleshill	Bonâ-fide
,, S. Cramp	238, Lockhurst Lane	,, ,,
,, E. Clarke	137, Station Street East	,, ,,
,, A. M. Clarke	"Fox House," Cook Street	,, ,,
,, E. Evetts	41, White Friars' Street	,, ,,
,, A. Foster	34, Princess Street	,, ,,
,, R. Green	24, King William Street	,, ,,
,, A. P. Haughton	78, Smith Street	,, ,,
,, A. M. Newbold	Leicester Road, Longford	,, ,,

MIDWIVES—*continued.*

Name.	Address.	Qualification.
Mrs. A. Sephton ...	55, Eden Street	Bonâ-fide
,, J. Settle	88, Queen Victoria Road ...	,, ,,
,, R. Timms ...	50, Castle Street	,, ,,
,, E. Warner ...	77, Raglan Street	,, ,,
,, M. J. Winstone ...	27, Princess Street	,, ,,
,, E. White ...	19, S. Peter's Street ...	,, ,,

During the year a communication was received from the Central Midwives Board drawing attention to a new Rule relating to the admission of midwives to the Roll; this provided that women who were eligible at the passing of the Act to be placed on the Roll on account of having been in bonâ-fide practice for 12 months before the Act, and who failed for any reason to apply to be registered, were given six months' grace to apply in 1910; the Board asked that the local Supervising Authority should make this Rule known. So far as could be ascertained there were no women to whom the Rule would relate in Coventry, so that no action was required.

121 visits were paid to the 34 midwives; at these visits the bags and appliances of each are inspected, together with their register, to ascertain that they are complying with the Rules of the Central Midwives Board. It is satisfactory to be able to report that the midwives are now keeping their registers according to the Rules much more satisfactorily than was formerly the case.

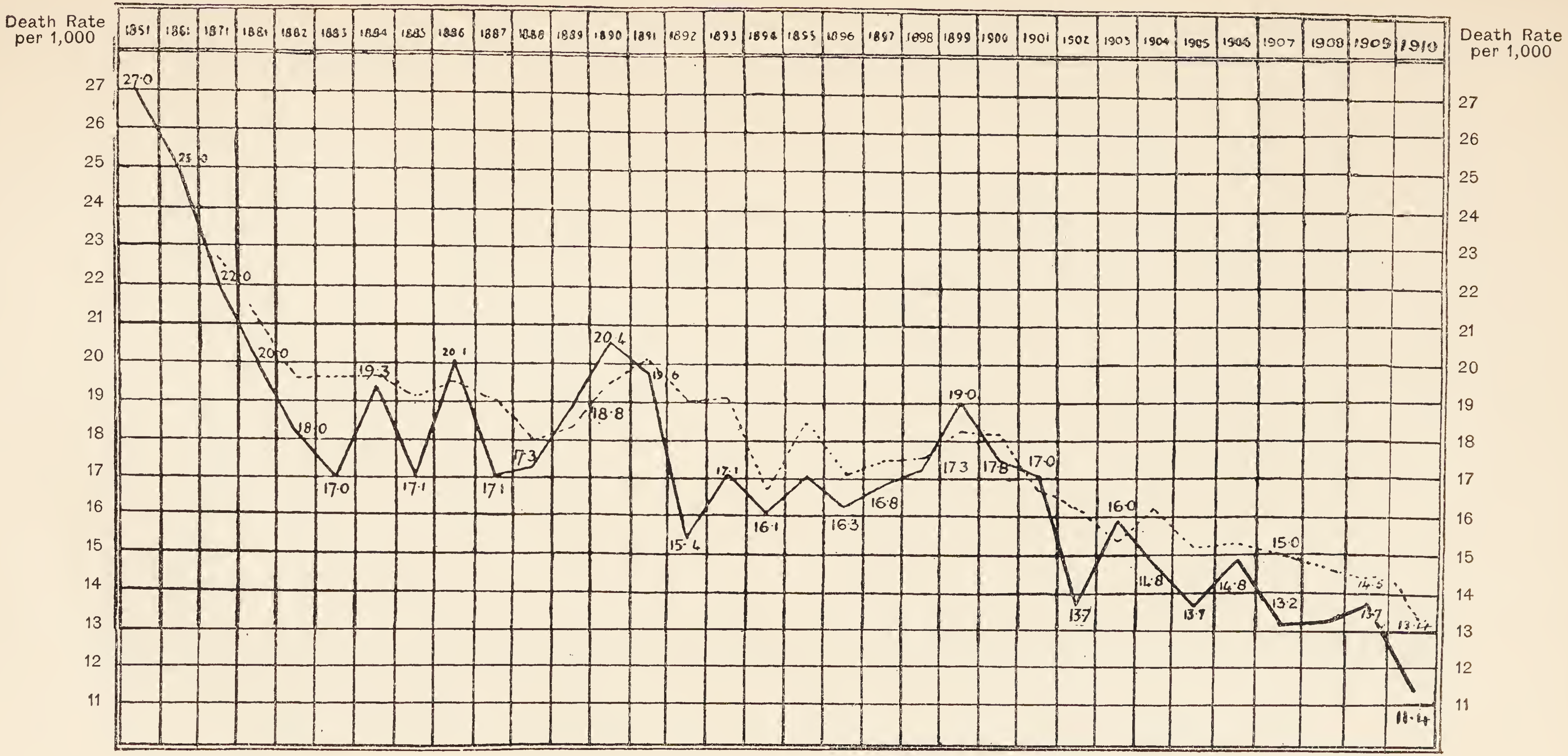
Out of the total number of births (2,674) which occurred in Coventry in 1910, no less than 2,121 were attended by midwives. Some few years ago I estimated that one-half were so attended; the proportion has in recent years been rapidly increasing.

Eighty-three cases of still birth were notified by midwives. and 284 reports of sending for medical help were received.

The following table gives an account of the causes for which medical aid was summoned.

Letters, numbering 32, were sent to midwives concerning insufficient or inaccurate addresses given on notification of birth cards; in 10 instances letters were sent to midwives for failing to notify births which had occurred.

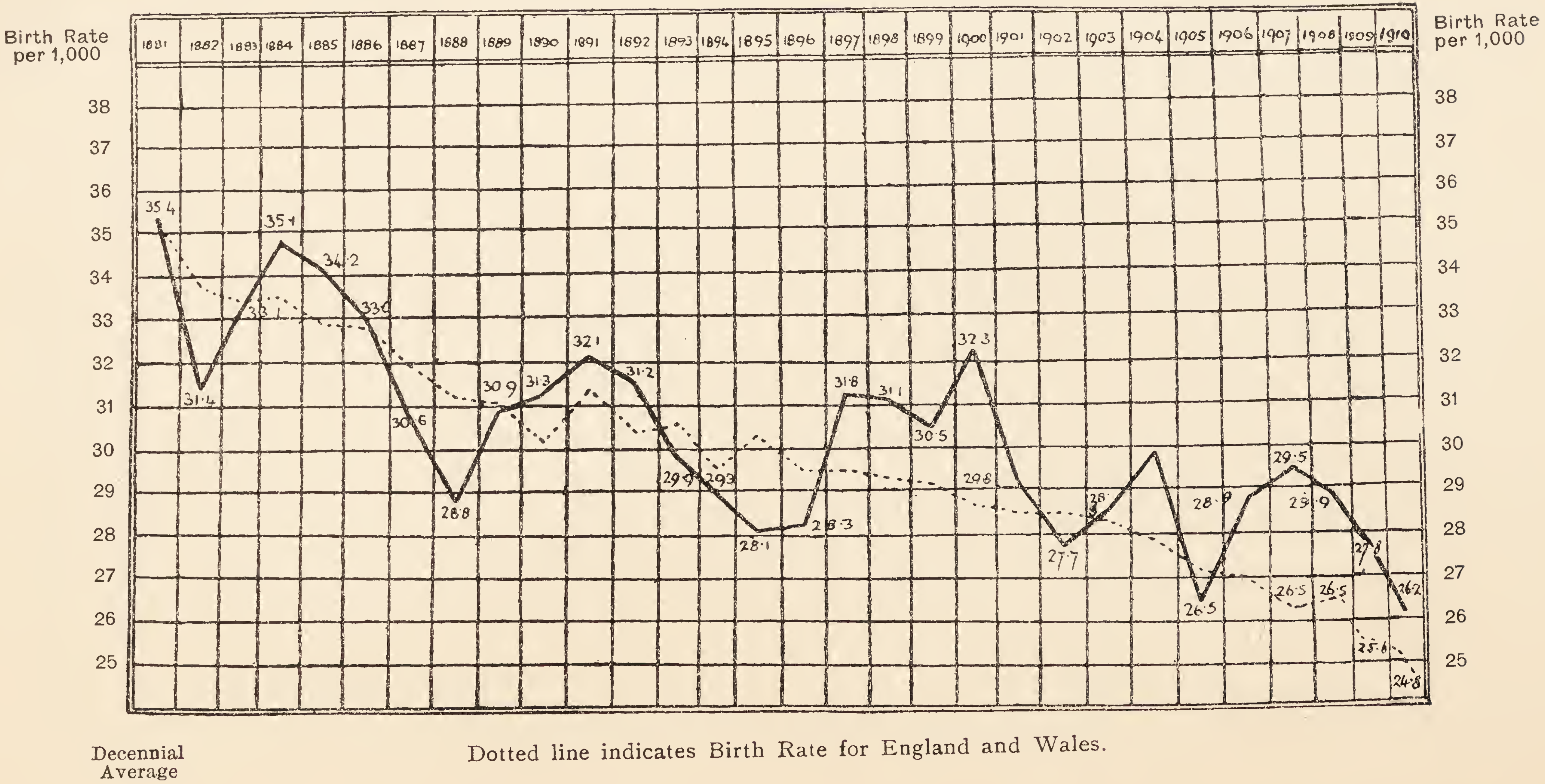
CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851.



Decennial Averages

Dotted line indicates Death Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1881.



Dotted line indicates Birth Rate for England and Wales.

The causes for sending for Medical help are as follows :—

For Mother.	
Prolonged and difficult labour ...	61
Lacerated Perineum	33
Adherent or retained Placenta or Membranes	24
Hæmorrhage	21
Premature birth	17
Abnormal presentation ...	14
Breech ,, ...	12
Contracted Pelvis	10
Rise of Temperature	8
Abdominal pain and swelling ...	6
Prolapse of Cord	5
Abortion	4
Tumours	2
Ruptured varicose veins and ulcers	2
Eclampsia	2
Puerperal Insanity	2
Twins	1
Exhaustion	1
Prolapsus Uteri	1
Thrombosis	1
Phlebitis	1
Acute Rheumatism	1
Pleurisy	1
Mastitis	1

For Child.	
Debility of child	19
Inflammation of Eyes ...	15
Jaundice	5
Deformity	8
Retention of urine	2
Pemphigus	2
Convulsions	1
Naevus	1

One Midwife notified a death which occurred in her practice before Medical aid could be summoned.

Cerebro-Spinal Fever.

One death was registered as due to Cerebro-Spinal Meningitis.

Tuberculosis.

The table on page 52 shews that there were 88 deaths registered as due to Phthisis, and 49 as due to other forms of Tuberculosis. That table also shews that *in no previous year was there a lower death rate from Phthisis*, and in only one previous year was there a lower rate from all forms of Tuberculosis. The last column shews the gradual diminution that has been going on in the death rate from this form of disease since the seventies. In that time this rate has been reduced by nearly 50 per cent.

The voluntary form of notification of cases of Pulmonary Tuberculosis continues to work well; during the year 42 cases were so notified; also there were notified 13 cases of similar illness among paupers under the Regulations of the Local Government Board of 1908. Of the cases notified visits appeared desirable in 45 instances; the visits are paid by the Health Visitors; now that we have two Health Visitors instead of one, it has been found possible to pay visits at, at least, three-monthly intervals; in all, 335 such visits were paid; the patients are instructed as to the necessity of expectorating into suitable receptacles, and having

Deaths from Tuberculosis during the last 37 years.

Year.	Estimated Population.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuberculosis.	Totals.	Tuberculosis Death Rate.	Averages. Tuberculosis Death Rates.
1874*	39,000	38	1·94	12	50	2·56	2·53
1875	39,446	83	2·14	34	117	2·96	
1876	39,890	70	1·76	22	92	2·30	
1877	40,344	66	1·63	29	95	2·35	
1878	40,778	84	2·06	13	97	2·37	
1879	41,222	89	2·15	22	111	2·68	
1880	41,666	78	1·87	36	114	2·74	2·15
1881	42,111	65	1·54	28	93	2·20	
1882	42,750	62	1·47	22	84	1·96	
1883	44,000	74	1·78	15	89	2·02	
1884	44,500	82	1·84	18	100	2·24	
1885	45,000	72	1·60	16	88	1·74	
1886	45,500	60	1·31	13	73	1·60	1·93
1887	46,500	70	1·50	25	95	2·04	
1888	47,500	61	1·28	15	76	1·60	
1889	48,500	103	2·12	11	114	2·33	
1890	49,500	91	1·84	21	112	2·26	
1891	52,724	78	1·47	14	92	1·74	
1892	54,000	79	1·46	33	112	2·07	1·82
1893	54,700	70	1·28	30	100	1·82	
1894	55,300	73	1·32	32	105	1·88	
1895	56,000	70	1·25	27	97	1·73	
1896	59,151	86	1·45	19	105	1·78	
1897	61,234	69	1·12	33	102	1·66	
1898	61,555	64	1·03	28	92	1·49	1·72
1899	61,796	85	1·37	29	114	1·84	
1900	70,075	105	1·49	36	141	2·01	
1901	70,300	83	1·18	35	118	1·67	
1902	73,000	81	1·10	39	120	1·64	
1903	75,700	87	1·15	43	130	1·71	
1904	77,500	78	1·00	30	108	1·39	1·51
1905	81,000	75	0·92	29	104	1·28	
1906	83,900	88	1·04	40	128	1·51	
1907	87,000	108	1·24	42	150	1·72	
1908	91,000	120	1·31	41	161	1·76	
1909	93,500	97	1·03	37	134	1·43	
1910	102,000	88	0·87	49	137	1·35	1·35

* Latter half of year only.

the contents afterwards burnt, the importance of open windows and of collecting all dust with damp cloths; a printed sheet of precautions is also left; a sample of these is given below :—

CITY OF COVENTRY.

ADVICE CONCERNING CONSUMPTION.

(1) Consumption, or Tuberculosis of the Lungs, in its early stages is curable. The most effective remedy has been found to be fresh air and sunshine. The windows of a patient's room should therefore be open as wide as it is possible to bear them both day and night in all weathers.

(2) Consumption is an infectious disease. Those living in the home of a consumptive patient are liable to contract the disease. The best means of guarding against infection is fresh air. All persons should endeavour to live in rooms with the windows open both day and night in all weathers.

With a little practice it will be found that there are few days—even in this climate—when this cannot be done without inconvenience.

A consumptive patient should not sleep with another person, but should occupy a separate bed, and best of all should have a separate bedroom, where open-air treatment can be carried on.

(3) The phlegm or expectoration coughed up contains the infectious matter. It is necessary, therefore, that care should be taken in the disposal of this. It should not be coughed out **anywhere**. Pocket spittoons will be found useful; these should be emptied either into a fire or down a drain and washed out with boiling water. The phlegm or spit must not be swallowed.

If the expectoration be received into a handkerchief, the best kind of handkerchief is the Japanese paper one; these can be obtained quite cheaply through any chemist, and are to be burnt after use; if ordinary handkerchiefs are ever used, they should be boiled before they become dry, or placed in a disinfectant fluid.

(4) Table articles, such as knives, forks, spoons, drinking vessels, and table napkins, after use by a consumptive person, should be carefully washed in boiling water, and it is safest to reserve a set of such articles for his special use.

(5) He should have a separate towel for his special use, in the same manner as he should have a separate table napkin and a separate handkerchief.

(6) All living rooms, sleeping rooms, and workrooms should be well lighted and well ventilated, and all chimney flues should be kept open.

It is especially necessary in a house where there is a consumptive patient that there should be as little dust as possible. Dusting should therefore be carried out every day with **damp dusters,** and the floor washed once a week or oftener. Carpets and bed hangings are best avoided in the patient's bedroom.

(7) A room on ceasing to be occupied by a patient should not be used again until both the room and the contents have been thoroughly disinfected and cleansed.

Disinfection is best carried out by the Sanitary Authority.

E. H. SNELL, M.D.
Medical Officer of Health.

Public Health Department,
10a, Hay Lane, Coventry.

Where the people visited are obviously poor, an order for a pocket spittoon is given, and this is exchanged for one of these on application at the Health Department.

Among the notified cases there were 15 deaths.

All private houses where deaths from Pulmonary Tuberculosis are certified to have occurred are visited in the course of a few days by the disinfector; all clothes and bedding which it appears desirable to disinfect are disinfected; this cannot be insisted on, but practically no objection to the course is ever offered; also where it appears desirable to effect disinfection of premises this is effected; in many cases the requisite disinfection consists in the scrubbing of the floors (preferably with chloride of lime), and the rubbing down of the walls with dough; where further cleansing, *e.g.*, limewashing or papering, is necessary, I present a certificate to this effect to the next Meeting of the Sanitary Committee, under Section 46 of the Public Health Act, 1875, and the necessary order is issued; this formal process necessarily involves some delay, but in most cases this is avoided by the issue of a preliminary and informal notice, and the work is generally done as a sequel to this notice, and before the statutory notice is authorised.

During these visits the disinfector collects certain information for statistical purposes, and the principal points of this information are given in the following tables:—

DEATHS FROM PHTHISIS.

Machinists	21
Chemist's Assistant	1
Housewives	14
Watch Case Maker	1
No occupation	14
Dressmaker	1

Deaths from Phthisis—*continued.*

Packer	1
Watch Manufacturer	1
Clerks	5
Cattle drover	1
Brewer's Agent	1
Leather Dealer	1
Coach Painter	1
Licensed Victualler	1
Sailor (Merchant Service)	1
General Dealer	1
Hairdresser	1
Labourers	2
Secretary	1
Weaver	1
Florist	1
Cycle Painter	1
Coach Trimmer	1
Joiner	1

Duration of illness :—

Under 6 months	3
Between 6 months and 1 year	18
Between 1 and 2 years	26
Over 2 years	28
	75

Duration of Cough :—

Under 6 months	18
Between 6 months and 1 year	20
Between 1 and 2 years	22
Over 2 years	15
	75

Confined to bed :—

One week or less	29
Between 1 and 2 weeks	13
Between 2 and 4 weeks	9
Between 1 and 2 months	15
Over 2 months	9
	75

Rent :—

£20 or over	10
6/- to 8/6 per week	29
4/6 to 6/- per week	26
Under 4/6 per week	10
	75

Bedrooms :—

1 or 2 bedrooms	33
3 bedrooms	28
4 bedrooms	10
5 bedrooms	2
6 or more bedrooms	2
	75

Number of houses not through ventilated 9

The figures given in the last two tables show, as in previous years, how closely related this disease is to poverty. There is no doubt that every step taken in the way of improving the housing conditions of the poor is a step which diminishes, or tends to diminish, the danger of this disease.

Since March, 1909, your Council has retained six beds in the Winsley Sanatorium, near Bath, for Coventry patients. These beds have been continuously occupied since that date, but it has not always been possible to keep them occupied by patients in an early or curable stage of the illness. It is highly desirable that the benefits to be derived from a stay in a sanatorium should not be exaggerated. A common experience is that most patients improve by a short stay in a sanatorium, and that those not in the very earliest stages revert to their original condition on returning to their homes. The voluminous report by Dr. Bulstrode, to the Local Government Board in 1908, on the value of Sanatoria for Tuberculosis, quite sufficiently brings out the fact that it is certain that Sanatoria will not prove a panacea for all cases of Consumption.

Reliable statistics are very difficult to obtain, for the reason that the method of classification of cases adopted in different sanatoria varies, and the following up of the discharged patients is not done with equal zeal.

The number of patients that we have been able to send from Coventry has been necessarily limited, and the time since the experiment was started has been short; I think that it would be better not to attempt to classify these into groups, their numbers being too small, but to state concisely regarding each patient, that has been sent to Winsley Sanatorium, the after history so far as is known. In order to make this report complete I am including the whole of the patients sent from Coventry since March, 1909. Where the history of each case relates to the time prior to 1910, it is printed in small type, and the history brought up-to-date in ordinary type. It must be confessed that the story of these cases makes melancholy reading.

APPLICANTS ADMITTED TO THE COVENTRY BEDS OF THE WINSLEY SANATORIUM.

No. 1. Female, age 23. Admitted March 26th, 1909. Discharged July 15th, 1909. Medical Officer of Winsley Sanatorium reported, "An early case who can continue treatment at home, and should do well." Is said to have gained 16lbs. in weight while at Winsley and during the following months, but (January 12th, 1910, has since gone back), is now about the same in health as a year ago

Died September 21st, 1910.

No. 2. Male, age 36. Admitted March 25th, 1909. Discharged July 7th, 1909. Medical Officer of Winsley Sanatorium reported, "Improved; may resume work shortly." Left before his time on account of his wife's illness. Had gained 25lbs. in weight. January 14th, 1910. Patient states that now he feels no better for his stay at Winsley, and is applying for admission to the Brompton Hospital. He commenced to work on August 9th, but was compelled to give it up owing to hæmorrhage.

January 31st, 1910. Did not gain admission to Brompton; has lost 24 lbs. in weight since leaving Winsley. Died October 31st, 1910.

No. 3. Female, age 20. Admitted March 26th, 1909. Discharged July 15th, 1909. Winsley report: "Chronic case, much improved."

January 15th, 1910. Improvement continued. Has stayed in the country during the summer months. December 15th, 1910. Patient feeling stronger; appetite good, gaining weight—cough and expectoration still pretty bad.

No. 4. Male, age 32. Admitted March 25th, 1909. Discharged May 20th, 1909. Returned home unimproved. Died August 8th, 1909. (Note.—This patient was not a suitable case for sanatorium treatment, and was only sent because there was no better applicant).

No. 5. Male, age 22. Had been in Brompton Hospital in the early part of 1908 for 13 weeks. Admitted March 25th, 1909. Discharged May 20th, 1909. Returned home improved. Recommended urgently to obtain outdoor employment, but has found a difficulty in doing so. November 23rd. Does not feel so well; cough worse, and breathing worse; has lost 12lbs. since leaving Sanatorium.

December 14th, 1910. Able to walk out, but not fit for work. Cough very troublesome.

No. 7. Male, age 32. Admitted March 25th, 1909. Discharged July 14th, 1909. Winsley report: "Chronic case, improved sufficiently to be able to resume work." Died October 30th, 1909.

No. 8. Female, age 17. Admitted May 20th, 1909. Discharged July 15th, 1909. Winsley report: "Has Laryngeal Tuberculosis; very doubtful whether she will make any more improvement."

January 21st, 1910. On enquiry it is found that she is now very ill; great weakness; confined to bed. Died 15th February, 1910.

No. 13. Male, age 23. Admitted May 22nd, 1909. Discharged July 10th, 1909. Winsley report: "May safely return to work as he seems completely recovered."

January 17th, 1910. Re-examined; improvement has been maintained; has been at work continuously since discharge. December 13th, 1910. Feels quite well now. Has been able to continue work since his return from Sanatorium.

No 15. Female aged 27. Admitted July 6th, 1909. Discharged November 5th, 1909. Winsley report: "Has done well, and with care should make a complete recovery."

January 14th, 1910. Improvement continued. During Spring patient went to Bournemouth, and received much benefit. December 24th, 1910. Quite well now; was married six months ago, and is now residing out of Coventry.

No. 17. Male, age 30. Admitted July 19th, 1909. Discharged January 6th, 1910. His prolonged detention at the Sanatorium was partly due to the absence of a more suitable applicant and partly due to the fact that it appeared likely that his improvement would disappear if he returned and was unable to obtain outdoor employment, which in this case appeared doubtful. Winsley report: "Fit for work."

January 8th, 1910. Has gained 20lbs. while at Sanatorium; feels well; communicated with Labour Bureau in regard to obtaining outdoor employment. January 26th, 1910. Has not yet obtained work. Has been at work intermittently during the year; has lost weight, and cough very troublesome. Re-applied for admission to Winsley, December 24th, 1910. Admitted January 13th, 1911. (No. 96).

No. 19. Male, age 29. Admitted July 15th, 1909. Discharged November 4th, 1909. Winsley report: "Has done very well, and has no signs of active disease now; he may return to work." November 5th. Feels quite well.

January 26th, 1910. Patient states that he is now quite well. December 15th, 1910. Patient has continued to work in factory throughout the year; strength maintained and appetite good; feels quite well.

No. 21. Male, age 32. Admitted July 15th, 1909. Discharged September 9th, 1909. Winsley report: "Some temporary improvement."

January 14th, 1910. Patient's wife says that he was much better for some time after returning from Winsley, but has been worse this last month. Died August 17th, 1910.

No. 22. Male, age 44. Admitted July 15th, 1909. Discharged September 9th, 1909. Winsley report: "Improved."

January 14th, 1910. Improved condition continues: is at work. September 16th, 1910. Has been at Bournemouth, but is no better. Is not able to work. Died May 10th, 1911.

No. 24. Male, age 29. Admitted July 15th, 1909. Discharged November 4th, 1909. Winsley report: "Has done very well, and may return to work."

January 13th, 1910. Good health maintained. January 3rd, 1911. Patient feels very well—has good appetite, has not lost weight since his return from Winsley. Cough and expectoration very slight. Able to be at work daily.

No. 27. Male, age 35. Admitted September 13th, 1909. Discharged January 3rd, 1910. Winsley report: "Able to resume work."

January 5th, 1910. States that he gained 26 lbs. in weight while in Sanatorium; is greatly improved, and seems in entirely good health. Patient lost weight after his return home; during summer his health varied a good deal.

Later report (December 15th) states, "Able to be at regular work now; strength maintained."

No. 34. Female, aged 11. Admitted September 13th, 1909. Discharged January 6th, 1910. Winsley report: "Improved." Was at Holt Sanatorium in the early part of 1909 for 13 weeks.

October 21st, 1910. Very much better; has no cough now.

No. 42. Male, age 27. Admitted November 12th, 1909. Discharged.

January 25th, 1910. Slight improvement at first, but has since gone back. His further remaining at Sanatorium considered useless, and so he has returned. Died March 1st, 1910.

No. 43. Female, age 31. Admitted November 12th, 1909.

Discharged April 27th, 1910. Winsley Report: "Unimproved. Has developed abdominal symptoms, probably due to tuberculosis." September 7th. Very seriously ill; living now with friends at Bristol. Died December, 1910.

No. 44. Female, age 28. Admitted November 12th, 1909.

Discharged April 27th, 1910. Winsley Report: "Apparent arrest. No cough, no sputum, no temperature; gained 42lbs. in weight." September 8th. Since leaving Sanatorium has put on weight, and seems in very good health.

Later report (January 24th, 1911): Condition very satisfactory; no cough.

No. 45. Male, age 24. Admitted January 12th, 1910. Discharged April 6th, 1910. Winsley Report: "Able to resume work." Since his return, patient's health has improved. December 15th. Patient says he feels quite well—has no cough or sputum; is at work daily.

No. 47. Male, age 26. Admitted January 10th, 1910. Discharged April 30th, 1910. Winsley Report: "Able to resume work." November 1st. Has kept well since leaving Sanatorium; obtained temporary work out of doors for a few months. Is strongly advised not to go back into a factory.

No. 49. Male, age 33. Admitted January 10th, 1910. Discharged April 28th, 1910. Winsley Report: "Able to resume work." August 17th. Has continued to improve and put on weight. October 27th. Condition very satisfactory; has obtained outdoor employment. May 20th, 1911. Continues well.

No. 50. Male, age 27. Admitted February 2nd, 1910. Discharged July 20th, 1910. Winsley Report: "Progress was retarded by severe attack of pleurisy." January 18th, 1911. Health much improved; has gained 11lbs. since returning from Sanatorium.

No. 54. Male, age 27. Admitted April 11th, 1910. Returned home on April 21st, having decided to give up bed at Winsley. December 15th, 1910. Health much better than in early part of year—cough slight.

No. 55. Male, age 30. Admitted May 10th, 1910. Discharged July 30th, 1910. Winsley Report: "Able to resume work. Would have benefited by a longer stay had finances allowed it." April 11th, 1911. Not able to work—too weak—cough troublesome.

No. 56. Female, age 23. Admitted May 9th, 1910. Discharged July 25th, 1910. Winsley Report: "Unimproved. Disease has advanced during stay." Died January 24th, 1911.

No. 60. Male, age 18. Admitted May 3rd, 1910. Discharged August 20th, 1910. Winsley Report: "Able to resume work." November 15th, 1910. Patient has gone to South Africa.

No. 61. Male, age 19. Admitted May 9th, 1910. Discharged September 24th, 1910. Winsley Report: "Improved. Prognosis rather doubtful." November 18th, 1910. Not so well—unable to work.

No. 62. Male, age 21. Admitted May 9th, 1910. Discharged September 24th, 1910. Winsley Report: "Able to resume work." Feb. 28th, 1911. Not so well—cough troublesome—patient at work.

No. 69. Male, age 20. Admitted September 28th, 1910. Discharged January 18th, 1911. Winsley Report: "Much improved, and should be able to resume work shortly."

No. 72. Female, age 24. Admitted July 27th, 1910. Discharged November 16th, 1910. Winsley Report: "Able to resume household work." February 17th, 1911. Has lost weight since return—slight cough.

No. 73. Male, age 43. Admitted July 22nd, 1910. Discharged November 11th, 1910. Winsley Report: "Able to resume work, but prognosis rather doubtful." March 3rd, 1911. Strength maintained, very little cough; able to be at work daily.

No. 74. Female, age 13. Admitted July 27th, 1910. Discharged November 16th, 1910. Winsley Report: "Able to return to school." February 17th, 1911. Has lost weight since return from Sanatorium.

No. 78. Male, age 25. Admitted September 1st, 1910. Discharged March 2nd, 1911. Winsley Report: "Able to resume work, and should do well, but still has a few T.Bs. Has had Tuberculin."

No. 82. Female, age 22. Admitted September 27th, 1910. Discharged January 28th, 1911. Winsley Report: "Improved." February 13th, 1911. Not so well; has pleurisy—cough still troublesome.

No. 86. Male, age 28. Admitted November 15th, 1910. Left November 26th, 1910. Winsley Report: "Only stayed 11 days on account of cold." Died June 20th, 1911.

No. 88. Female, age 23. Admitted November 26th, 1910. Discharged January 21st, 1911. Winsley Report: "Unimproved; resistance poor." March 3rd, 1911. Has been confined to bed since returning from Winsley.

No. 89. Male, age 25. Admitted November 15th, 1910. Discharged March 7th, 1911. Winsley Report: "Able to resume work, and should do well, but still has a few T.Bs. Has had Tuberculin."

No. 91. Female, age 20. Admitted December 1st, 1910. Discharged January 25th, 1911. Winsley Report: "Improved, but not able to resume work."

APPLICANTS DURING 1910 FOR COVENTRY BEDS AT THE WINSLEY SANATORIUM, TO WHOM BEDS COULD NOT BE, OR WERE NOT, ALLOTTED.

No. 51. Male, age 37. Application received January 27th, 1910. Obtained admission to Benendin Sanatorium, Kent, in June. October 21st, 1910. Returned home much improved, and able to resume former work.

No. 52. Male, age 37. Applied to be re-admitted to Winsley Sanatorium, February 11th, 1910. Considered unsuitable. Died October 31st, 1910.

No. 53. Male, aged 41. Application received February 19th, 1910. Disease extensive. Died June 5th, 1910.

No. 57. Female, age 23. Application received April 11th, 1910. Further history unobtainable owing to removal.

No. 59. Male, age 46. Application received April 14th, 1910. Obtained admission to Convalescent Home, Bournemouth, in May. October 22nd, 1910. Not able to work.

No. 63. Female, age 21. Applied to be re-admitted to Winsley Sanatorium. April 30th, 1910. Considered unsuitable. December 15th, 1910. Feeling stronger, gaining weight.

No. 64. Female, age 17. Application received May 3rd, 1910. Not considered to be suffering from Pulmonary Tuberculosis.

No. 65. Female, aged 27. Application received May 3rd, 1910. Too ill to go to Sanatorium. Died November 13th, 1910.

No. 66. Female, age 28. Application received May 5th, 1910. Considered unsuitable. January 13th, 1911. Cough not so troublesome—feeling stronger.

No. 67. Female, age 19. Application received May 24th, 1910. Not considered to be suffering from Pulmonary Tuberculosis.

No. 68. Male, age 23. Application received June 2nd, 1910. Considered unsuitable. Died July 26th, 1910.

No. 70. Male, age 44. Application received June 18th, 1910. Considered unsuitable. Died October 20th, 1910.

No. 71. Male, age 44. Application received June 30th, 1910. Obtained admission to Benendin Sanatorium, Kent, in September. February 28th, 1911. Not so well since return.

No. 75. Male, age 15. Application received July 17th, 1910. Considered unsuitable. February 8th, 1911. Has been at work during winter months—feeling stronger.

No. 76. Male, age 27. Application received July 18th, 1910. Obtained private bed (through kindness of employer) at Winsley on August 15th, 1910. May 12th, 1911. Not so well. Is now at Maitland Sanatorium, Oxfordshire.

No. 77. Female, age 14. Application received July 23rd, 1910. Too ill to go to Sanatorium. Died October 29th, 1910.

No. 79. Male, age 34. Application received August 18th, 1910. Obtained admission to Hatfield Sanatorium, September 29th, 1910. March 8th, 1911. Still at Sanatorium.

No. 80. Male, age 32. Application received August 24th, 1910. Obtained admission to Benendin Sanatorium. Died April 28th, 1911.

No. 81. Male, age 30. Application received August 25th, 1910. Considered unsuitable. Died November 15th, 1910.

No. 83. Male, age 23. Application received September 7th, 1910. Too ill to go to Sanatorium. Died January 4th, 1911.

No. 84. Male, age 35. Application received September 20th, 1910. Obtained admission to a Home at St. Leonards, November 28th, 1910. May 12th, 1911. Since returning, strength has been maintained; at work daily.

No. 85. Male, age 42. Application received September 20th, 1910. Considered unsuitable. October 27th, 1910. Feeling stronger. Able to be at work. March 15th, 1911. Has not been so well since Christmas.

No. 87. Male, age 18. Application received October 7th, 1910. Considered unsuitable. February, 1911. Sent by C.O.S. into country.

No. 90. Male, age 42. Application received November 2nd, 1910. Considered unsuitable. March 1st, 1911. Sent to Bournemouth by C.O.S. Since return, feeling rather better.

No. 92. Male, age 19. Application received November 14th, 1910. Obtained admission to Eastbourne Convalescent Home, December 31st, 1910.

No. 93. Female, age 43. Application received November 12th, 1910. Too ill to go to Sanatorium. Died February 26th, 1911.

OUTDOOR EMPLOYMENT FOR CONSUMPTIVE PATIENTS.

I presented a report on this matter to your Sanitary Committee on September 20th last, and as a result of that report certain of the Committees of the Corporation, who have outdoor labour, were communicated with in order to obtain their co-operation when suitable cases arose.

A very great difficulty is found in obtaining employment for patients discharged from the Winsley Sanatorium. The larger factories generally prefer not to have these patients again in their factories, however benefited they may be by their stay in the Sanatorium; also from a patient's point of view it is generally highly desirable that they should not return to factories, but should obtain outdoor employment of some sort. In several cases that I have watched, the return to the factory work brings about a condition similar to that existing before improvement occurred; the patient is set back considerably, and is often as bad as he was before. So much is this fact recognised that one of the recommendations made by the Medical Superintendent of the Winsley Sanatorium in regard to the selection of patients, is to the effect that in cases where there is a likelihood of the impossibility of getting suitable employment on leaving the Sanatorium, this is so unfavourable a feature, that it is often not worth while sending them to the Sanatorium. In one or two instances I have been able to get help in this direction from the Labour Bureau.

HOME FOR ADVANCED CASES.

The question of the provision of a home, or hospital, for cases of Consumption that are not suitable for admission to a sanatorium has been considered by the Sanitary Committee at various times. There is no doubt at all that there exists a demand for such provision where patients, perhaps not capable of being cured, are yet able to improve. On the one hand lives would be prolonged, and probably some rendered useful; on the other hand, centres of infection would be removed from their homes. Probably this matter will again receive consideration locally in connection with the State Insurance Scheme.

Cancer.

Under this heading are included all forms of malignant disease; during the year 76 deaths were attributed to different forms of this disease; in the death returns these were designated as follows:—

Cancer	12
Scirrhus	1
Carcinoma	45
Epithelioma	4
Sarcoma	5
Malignant disease	7
Malignant growth	1
Glioma	1
	76

The frequency with which the different parts of the body were affected was as follows:—Œsophagus, 3; Breast, 7; Stomach, 18; Intestines, 9; Pancreas, 1; Liver, 8; Omentum, 1; Peritoneum, 2; Abdomen, 1; Kidney, 1; Uterus and Appendages, 11; Neck, 3; Palate, 1; Face, 5; Orbit, 1; Prostate, 1; Tibia, 1; Bladder, 1; Tonsil, 1.

The variations that occur in the deaths from malignant diseases are shown by the following figures:—

1901	67	1906	72
1902	42	1907	39
1903	70	1908	83
1904	63	1909	65
1905	52	1910	76

There is nothing to add to what has been said previously in these reports as to the absence of any specific cure for this disease.

Alcoholism.

One death was attributed to acute alcoholism, and one to chronic alcoholism; twenty-four others were ascribed to Cirrhosis of the liver; alcoholism is generally the cause of this complaint. Four deaths among young infants were caused by their being overlain in bed. One of the matters on which the Health Visitors give advice in visiting in relation to births is the provision of separate cots or boxes for infants to lie in; reference to the work of Health Visitors on page 38 will show the amount of success met with in this matter. Owing to the notification of births by midwives in the City the infants are now visited earlier than was formerly the case.

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at, death, of those deaths properly belonging to the City which occurred during the year. This gives more detailed information as regards the causes of death than the table on page 31. Thirty-four deaths were attributed to accident or negligence, including one due to homicide and seven to suicide.

Uncertified Deaths.

There were 17 uncertified deaths during the year. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

Still-Births.

No system of registration of still-births exists in this country. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a return of those that are buried at the Coventry Cemeteries; from these it appears that 130 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these 70 were certified by medical men as having been still-born, and 60 by midwives.

Certificates concerning still-births may be signed by anyone, and the bodies of still-born children may be disposed of in any way. There is no system of registration. It seems unnecessary to add that an alteration in the law on this matter is called for.

Inquests.

Fifty inquests appear to have been held during the year. These included six deaths in the Coventry and Warwickshire Hospital of non-residents. In 16 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as under:—Burns and scalds, 4; injuries, 4; cold, 1; overlaying, 5; accidents, 10; murder and suicide, 10.

1910.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Croup.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67
1910	1	0	70	3	101	15	3	0	1201	25	20	5	8	4	...	6

Weekly Returns under the Infectious Disease (Notification) Act, 1889.

Week Ending.		Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.
1910.											
January	8	..	13	2	..	1	..	..	1	..	1
,,	15	..	6	..	..	..	..	..	..	..	2
,,	22	..	27	..	..	1	..	..	..	..	1
,,	29	..	15	4	..	..	..	..	..	..	5
February	5	..	19	..	..	1	..	..	..	..	4
,,	12	..	22	3	..	..	..	..	..	..	2
,,	19	..	13	5	..	1	..	..	1	..	..
,,	26	..	16	3	..	..	..	..	..	..	..
March	5	..	13	..	..	..	..	..	..	..	2
,,	12	..	28	..	..	..	..	..	..	..	1
,,	19	..	22	2	..	2	..	..	..	..	..
,,	26	..	34	2	..	..	..	..	..	..	1
April	2	..	16	2	..	..	..	..	..	..	2
,,	9	..	16	3	..	..	..	..	..	..	..
,,	16	..	15	1	..	..	..	..	1	..	2
,,	23	..	16	1	..	..	..	..	..	..	1
,,	30	..	24	1	..	2	.	..	..	..	3
May	7	..	27	1	..	..	..	..	1	..	..
,,	14	..	28	3	..	..	..	..	..	..	2
,,	21	..	24	3	..	..	..	..	..	..	1
,,	28	..	15	1	..	..	..	..	..	..	1
June	4	..	20	2	..	..	..	..	..	..	1
,,	11	1	23	2	..	..	..	..	..	..	3
,,	18	..	13	4	..	1	..	..	..	..	2
,,	25	..	17	5	..	..	..	..	..	..	2
July	2	..	24	3	..	1	..	..	1	..	..
,,	9	..	27	1	..	1	..	..	..	..	2
,,	16	..	27	3	..	..	..	..	..	..	1
,,	23	..	19	4	..	..	..	..	..	..	1
,,	30	..	20	3	..	1	..	..	..	..	2
August	6	..	20	3	..	1	..	..	..	..	..
,,	13	..	20	..	..	..	..	..	..	..	2
,,	20	..	10	..	..	..	..	..	..	..	4
,,	27	..	18	2	..	..	..	..	..	..	..
September	3	..	21	1	..	..	..	..	..	..	..
,,	10	..	16	3	..	..	..	..	..	..	..
,,	17	..	22	1	..	..	..	..	..	..	1
,,	24	..	19	2	..	..	..	..	..	..	1
October	1	..	42	2	..	..	..	..	..	..	2
,,	8	..	33	..	..	1	..	..	..	..	3
,,	15	..	33	1	..	..	..	..	..	..	1
,,	22	..	43	..	..	..	..	..	..	..	1
,,	29	..	27	4	..	1	..	..	..	..	2
November	5	..	43	1	..	..	..	..	1	..	1
,,	12	..	38	3	..	..	..	..	..	..	..
,,	19	..	47	3	..	..	..	..	..	..	..
,,	26	..	26	5	..	..	..	..	1	..	1
December	3	..	28	6	..	1	..	..	..	..	3
,,	10	..	28	..	..	2	..	..	..	..	1
,,	17	..	33	..	..	1	..	..	..	..	..
,,	24	..	18	..	..	..	..	..	1	..	1
,,	31	..	17	3	..	1	..	..	..	..	1
TOTALS		1	1201	104	..	20	..	..	8	..	70

PART II.

Schools & School Children.

Schools.

In November, 1910, the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these Reports is the following :—

> "Schools, especially Public Elementary Schools; sanitary condition of, including water supply; action taken in relation to the health of the scholars and for preventing the spread of infectious disease. Arrangements for medical inspection of school children."
>
> The same Memorandum also says: "Where the Medical Officer of Health is also the School Medical Officer under the Code of Regulations for Public Elementary Schools, 1908, it may be convenient that the Annual Report which he is required to make in the latter capacity should be issued together with his Annual Report on the health of his district."

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act :—

> "*(d)* Every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.
>
> *(e)* In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.
>
> *(f)* The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in Elementary Schools of the district.
>
> *(g)* It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.
>
> *(h)* In addition to such records it will be well, as far as practicable, to

> make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

This is the sixth annual report that I have been called on to make in this City on the matter of the medical inspection of school children, a system of medical inspection having been inaugurated by your Council in 1905.

During the year the position of Assistant Medical Officer has been occupied by Dr. H. J. Cates. This is the first complete year in which this position has been held continuously for the twelve months, and he has written a considerable amount of this school report.

Probably the most important matter under consideration during the year, in relation to the medical inspection of school children, has been the question of the initiation of a school clinic. A special Committee was formed for the purpose of going into this matter, and its conclusions are being carried into effect, having been adopted by your Council during the current year. A short resumé of the principal features of the clinic proposed is contained in the body of this report; a reprint of the report of the special Committee appears in the appendix.

Owing to the large number of cases of Ringworm excluded from the schools, the resolution of the Elementary Education Sub-Committee of 1909 that no cases should be re-admitted to school unless certified as free either by the Assistant Medical Officer or by myself, has involved considerable work in the re-examination of these children, many of whom apply at very short intervals of time to be re-examined. Undoubtedly the exclusion of so many children must considerably disorganise their educational work. This forms a substantial reason why every endeavour should be made to extirpate the disease from the schools. As Dr. Cates has given considerable attention to the matter, some of his observations and general conclusions are embodied in this report under their appropriate heading.

(*a*) THE SANITARY CONDITION OF THE SCHOOLS,

Or in the words of the Board a "*General review of the hygienic conditions prevalent in the schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloak-rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children.*"

During the year, with the assistance of the Sanitary Staff, complete inspections of six schools have been made, and reports on these submitted to the Education Committee. Below are a few abstracts from these reports. Though correct at the time when they were presented, it must not be taken that they are so to-day.

RED LANE SCHOOL.

Cloak Rooms.—There are no arrangements for drying wet clothes. The clothes pegs are overcrowded and overlapping; while this state of affairs is allowed to exist a large percentage of the verminous heads and ringworm can, to some extent, be accounted for.

The inside walls of the schools have generally a cold, bare, and dirty appearance. It would seem well to consider the advisability of subjecting them to some treatment, either by distempering them or by other means; I feel sure if this course were adopted the class rooms would be lighter and much more cheerful. One of the walls in the first Infants' class room, on the left-hand side when entering the main door, is in a very damp condition, and calls for examination.

Heating.—The main corridor is heated by two gas stoves, which are not provided with flues for carrying off the products of combustion. When the doors have been closed for some time the air in this corridor is unpleasant and certainly injurious. Such stoves are prohibited by Act of Parliament in factories and workshops, and they are equally inappropriate in Schools.

EDGEWICK SCHOOL.

INFANTS' DEPARTMENT.

Large Room.—This room is divided into two parts by a curtain, which causes the north part to be both dark and dusty; this half of the room is practically an entrance hall to the other class rooms, and in wet weather the floor is always cold and damp. It would seem very desirable to discontinue using this portion of the large room for teaching purposes.

Artificial Light.—Is totally inadequate in each of the class rooms; this condition doubtless fosters the prevalence of defective vision.

Cloak Room.—This is overcrowded, and in all respects most unsatisfactory.

Drainage.—Defects specified in the report dated August 21st, 1906, and still existing :—

(1) The ventilating plugs in pedestals of Teachers' W.C's. are still unsealed, and allow smoke to pass through freely.

(2) Eaves spouting near entrance to Infants' Department is still defective.

(3) Rain still continues to come through roof in the hall of Mixed Department.

(4) Asphalte in playground near Caretaker's house has not been made good.

(5) *Accommodation for Refuse.*—Three portable dust-bins have been provided, but these do not appear to be used, there being a large accumulation of ashes in outhouse at time of inspection.

ST. PETER'S SCHOOL.

This school generally is badly ventilated, dark, and dilapidated.

Girls' Department.

The wall of class room No. 3 still shows signs of dampness in the position noted in the previous report; this class room is like most of the others—dark.

Infants' Department.

Class Room No. 2.—In this room there is a gas stove and deficient ventilation.

Boys' Department.

In class room No. 1 the stove pipe is full of holes.

The floor of the cloak room and of class room No. 3 is in a very dangerous condition, and should be seen to without delay.

The lavatory leading from the above class room is dilapidated.

The stove pipe passes through this room from the Infants' class room below, and is in a condition similar to that of the stove pipe in class room No. 1.

Class Room No. 5.—The floor of this room is very thin.

Drains.—The drains were found to be defective at several points. Similar defects were discovered in the same positions in 1907.

ST. THOMAS' SCHOOL.

(This school has been closed since the report was written.)

Senior Department.

The walls in the boys' cloak room are very damp, and the number of pegs provided is totally insufficient.

The girls appear to share the infants' cloak room, which is insufficient for this arrangement. There is no lavatory accommodation for the girls or infants.

At the present time, in the Senior Department, only about one-eighth of the window space is made to open; this amount is inadequate. The dado in the boys' class room is dilapidated.

Playgrounds.—That portion belonging to the girls and infants is rough and broken in many places.

The surface of the boys' playground is composed of rough granite. This playground is bordered on the N.W. side by a considerable collection of refuse.

ST. MARK'S SCHOOL.

The insanitary condition of this school was reported on at some length in May, 1909.

SENIOR DEPARTMENT.

Room No. 6—This room is divided into two portions by a curtain. Ventilation is totally insufficient, and considerably more window space should be made to open.

Heating is effected by one closed stove and is not sufficient for the size of the room; the flue pipe shows large cracks in one or two places. In May, 1909, notice was drawn to the inadequate means of ventilation and heating.

Boys' Cloak Room and Lavatory Accommodation.—There is a small lobby used as a cloak room by the boys; the ceiling of this room is dilapidated. The number of pegs provided for hanging clothes is insufficient and those in use are placed too close together.

No means appear to be in use to ventilate this room; there is no separate lavatory accommodation for the boys.

Girls' Cloak Room and Lavatory Accommodation.—The pegs in the girls' cloak room are placed too close together.

Infants' Cloak Room and Lavatory Accommodation.—The walls and ceilings are damp and the accommodation provided is insufficient for the number of children. A broken saucepan is provided for drinking purposes, and the only utensil for washing is a small dirty basin. A similar condition existed at the time of the previous report.

Pavement.—Paving round the old closets was bad, the blue bricks being badly jointed. The pavement was in a very foul condition, masses of filth and paper being scattered about.

THOMAS STREET SCHOOL.

Playground.—There is a depression of the pavement near the pump; it appears desirable that the old well cover should be examined from the standpoint of safety.

Ventilation.—Improvement has certainly been effected in many of the schools with regard to ventilation, but much remains to be done, particularly in the non-provided schools.

It is a matter for regret that frequently full use is not made of the existing means of ventilation.

The habit which some Head Teachers have of taking classes in their private rooms ought not to be encouraged. It should be unnecessary to point out the evils which may arise from the continued inhalation of a vitiated atmosphere.

Lighting.—Artificial lighting is generally deficient, but some improvement has been brought about. Incandescent burners have been substituted for the bat wing flame in several rooms. St. Peter's and Holy Trinity are among the worst of the badly-lighted schools.

It is doubtful whether eye strain can cause the derangement of a normal eye, but it is certain that the strain imposed by reading or writing in a bad artificial light can seriously injure an eye already showing signs of weakness or disease.

Warming.—The methods adopted for warming the rooms in many of the schools are of a most primitive description, and entirely insufficient, a slow combustion stove or open fire being sometimes the only means of warming a large class room.

Equipment.— Many of the schools are deficient in this respect. It is impossible to be satisfied with the dilapidated fixed desks found in many of the class rooms. Blackboards with uneven surfaces cannot fail to aggravate such defects of vision as may exist in the scholars.

Sanitation.—

Closets.—It is a matter for congratulation that pedestal water-closets are being fixed in the newest departments. Unfortunately the objectionable system of trough closets is to be found in many of the schools.

All the schools have a water carriage system of sewage disposal.

Lavatory accommodation.—It is to be regretted that little use is made of the lavatory accommodation which is present in all the schools and in nearly each department.

Teachers should take steps so that every child enters the class-room with clean face and hands. It is a short-sighted policy which omits the enforcement of personal cleanliness from a system of education.

In the newer schools, drinking water can be obtained from a properly constructed drinking fountain.

Cleanliness.—The floors are still kept in a condition which is far from clean. Weekly scrubbing of the floors is much to be desired; although the cost of such a procedure might be considerable, yet it is doubtful whether money saved by the sacrifice of cleanliness is sound economy.

Advantage would probably be found from the use of one of the various dust-laying oily preparations that are available. An experiment in one or two schools might reasonably be tried. Elsewhere the trial has been regarded as satisfactory; it is said that the application need only be put on the floors three or four times per year, and that when properly put on the necessity of damp sweeping is done away with.

Cloak Rooms.—In the newest schools the cloak room accommodation is not perfect. In the older schools the conditions found, particularly in wet weather, are deplorable. Clothing is thrown in heaps and trodden under foot—no means of drying exist. Pegs are much too close together, often overlapping and frequently out of reach. Efficient ventilation of all cloak rooms, particularly in damp weather, is absolutely essential. Teachers unfortunately do not pay sufficient attention to this matter; so that clothes are allowed to remain in a moist and offensive condition. This question is referred to again in the report on Ringworm.

New Schools.—During the year new schools have been erected in Broad Street and Mile Lane. The former is now in use; it is the first of its type erected in this City, being built on what is known as the Staffordshire plan. The feature of this plan is that each class room is so arranged that it has windows on two opposite sides; by appropriate hopper windows effective through ventilation can always be obtained; it is in fact the ordinary "pavilion" plan of hospital construction. In my report for 1907 I drew attention to this type of school, instancing one recently built at Darlaston in Staffordshire. Subsequently I am informed that a deputation of your Elementary Education Sub-Committee visited the Darlaston school, and the present two-storied building has resulted. I do not doubt that the health advantage of such a school will be such that it will in time supplant the central hall type of building.

(*b*) ARRANGEMENTS FOR MEDICAL INSPECTION.

" *General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted.*"

Co-relation of the Services.

The School Medical Officer being Medical Officer of Health, and the Assistant School Medical Officer also being Assistant Medical Officer of Health, there is intimate co-relation between the two services. Home visits concerning infectious disease in the schools are paid by the Health Visitors, who are appointed by the Sanitary Committee, and the Chief Sanitary Inspector is also School Attendance Officer so far as regards Canal Boats.

Insanitary conditions in the homes discovered by the School Nurse are referred to the Health Department, and clothing and bedding removed for disinfection.

Method of Inspection.

On deciding to inspect a school a letter is sent to the Head Teacher, together with a suitable form, asking for the names and addresses of children born in certain years (viz., the enterers and leavers). When these lists are returned to the Office they are compared with the official cards and the names of any children previously examined are noted. The Nurse then visits the school and makes the necessary arrangements. Invitations to the parents of the girls and infants to attend the examination are made out at the Office, and distributed by the Head Teachers.

During the past year a form has been attached to the invitations sent to the parents of the infants, seeking information concerning past illnesses; this form the child returns to the Medical Officer at the time of inspection. This scheme has been found to give good results. A copy of the form used is here reproduced :—

COVENTRY EDUCATION COMMITTEE.

This Form is to be taken by the Child to the Medical Examination.

It will greatly improve the accuracy of the returns required by the recent Act of Parliament if PARENTS will be kind enough to fill in the answers to the following questions BEFORE the Medical Inspection, as it is found that the children themselves seldom have the necessary knowledge.

Name ....

.... *School.*

Has he/she ever had any of the following Illnesses :

	Yes or No.	**Before** or **After** beginning to attend School.
Chicken Pox		
Whooping Cough		
Diphtheria		
Scarlet Fever		
Measles		
Rupture		
Any other Illness		

Signed ....
Parent or Guardian.

Notice to Parents—Form 3.

Attendance of Parents.

During 1910 a smaller number of parents accepted the invitation to attend (14 per cent. in the case of the Infants and the Girls). This is also the experience of many Authorities. It is probably due to the fact that medical inspection is no longer a novelty. Moreover parents are beginning to realise that the existence of defects in their children will in due course be notified to them.

There are two important reasons against issuing invitations to the parents.

(1) The children come prepared for the inspection (*e.g.*, washed, dressed in their best clothes and generally in an unusual condition. The object of the inspection is to observe the children in their usual state.

(2) Children are kept at home on the day of inspection, and by this device the very children it is most desirable to examine are often missed.

A more satisfactory plan is being adopted in some districts; it is that of inviting those parents who have previously expressed to the Medical Officer or Head Teacher a wish to be present.

Medical examination.

The extent of the examination is that usually adopted; the front of the chest is exposed, and also the back in those cases where the examination suggests that such a procedure is necessary.

None of the older children objected to examination and very few of the infants. The parents, generally, wish their children to be examined, and often send messages asking for the examination of other members of the family.

Centres for medical inspection.

The same centres have been used as in the previous year. A class room or Head Teacher's room, whichever was more convenient, being taken for the purpose of inspection. Unfortunately there is usually no accommodation for the parents who choose to attend.

Each centre is provided with a weighing machine and height measurer.

SCHEME OF CENTRES FOR INSPECTION.

Centre.	Room Used.	School or Department examined in room.
I.—COUNCIL SCHOOLS		
1. Earlsdon	Head Master's Room ..	Senior Department.
	Infants' Class Room ..	Infants' ,,
2. Edgewick	Store Room	Senior ,,
	Infants' Class Room ..	Infants' ,,
3. Little Heath	Head Master's Room ..	Senior ,,
4. Paradise	Head Mistress' Room ..	Infants' ,,
5. Radford .. .	Infants' Class Room ..	All Departments.
6. Red Lane	Head Master's Room ..	Boys' Department.
	Head Mistress' Room ..	Girls' Department.
	,, ,, ,, ..	Infants' ,,
7. South Street	,, ,, ,, ..	Boys' & Girls' ,,
	Infants' Class Room ..	Infants' ,,
8. Spon Street	Head Master's Room ..	Boys' ,,
	Girls' Class Room ..	Girls' ,,
	Infants' Class Room ..	Infants' ,, also *Thomas St. School* and *St. Thomas' School.*
9. Stoke Council ..	Infants' Class Room ..	All Departments.
10. Union Street Infants	,, ,, ,, ..	Infants' Department.
11. Wheatley Street ..	Head Master's Room ..	Boys' ,,
	Head Mistress' Room ..	Girls' ,,
	,, ,, ,, ..	Infants' ,,
12. Frederick Bird ..	Head Master's Room and large hall ..	Boys' ,,
	Class Room	Girls' ,,
	Infants' Class Room ..	Infants' ,,
13. John Gulson	Boys' Class Room ..	Boys' ,,
	Girls' Class Room ..	Girls' ,,
	Infants' Class Room ..	Infants' ,,
	,, ,, ,, ..	*Kingfields School.*
II.—NON-PROVIDED SCHOOLS.		
1. All Saints'	Parish Hall	All Departments.
2. St. John's	Infants' Class Room ..	,, ,,
3. St. Osburg's	The Lecture Hall ..	,, ,,
4. St. Peter's	Infants' Class Room ..	,, ,,
5. Stoke National ..	Infants' Class Room ..	,, ,,
III.—EDUCATION OFFICE.	Medical Officer's Room, Attendance Officer's Room used as waiting room	Union Street Mixed; St. Michael's; Holy Trinity; St. Mark's; St. Mary's; King Street Girls.

Co-operation of Teachers.

The majority of the teachers are in sympathy with the objects of medical inspection, and a large number of them render every assistance. But it is to be regretted that there are yet some who omit to fulfil their legal obligations to notify cases of infectious disease occurring among their scholars to the Medical Officer, as required by the Coventry Corporation Act, 1900.

(c) *General Statement of the extent and scope of the medical inspection carried out during the year, including—*

(1) *The number of visits paid to Schools and Departments;*

(2) *The principle on which children have been selected for inspection;*

(3) *The number of children inspected (classified for age at date of inspection and for sex);*

(4) *The number of children referred for subsequent or further examination;*

(5) *The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects;*

(6) *The average time per head occupied by inspection.*

(1) The following table shows the number of visits paid by the Assistant Medical Officer and the School Nurse to the various schools and departments during the year :—

Schools.	Assistant Medical Officer.	School Nurse.
Red Lane Boys	6	8
,, Girls	5	9
,, Infants	9	13
St. Peter's Senior	4	5
,, Infants	5	8
Little Heath Senior	6	7
Edgewick Senior	11	12
,, Infants	13	15
St. Thomas' Senior	2	3
,, Infants	3	4
St. Mark's Senior	4	6
,, Infants	4	5
Thomas Street	6	7
John Gulson Boys	5	5
,, Girls	5	9
,, Infants	11	15
Fredk. Bird Senior	11	12
,, Infants	6	7
Holy Trinity Boys	3	3
,, Girls	3	3
,, Infants	5	5
Radford Mixed	5	5
Wheatley Street Boys	5	7
,, Girls	9	12
,, Infants	7	9
,, Special	9	10
All Saints' Senior	4	7
,, Infants	3	6
St. Osburg's Senior	3	5
,, Infants	3	5
Earlsdon Senior	7	9
,, Infants	11	12
St. Mary's Senior	4	5
,, Infants	3	4
Spon Street Boys	5	6
,, Girls	4	5
,, Infants	5	7
South Street Boys	6	7
,, Girls	5	7
,, Infants	8	9
Barrs' Hill	3	2
Stoke Council Mixed	17	18
St. Michael's Boys	1	1
,, Girls	1	1
,, Infants	1	2
Kingfields	3	1
Paradise	12	15
Union Street Senior	2	3
,, Infants	3	4
St. John's	8	9
King Street	1	1
Stoke National	4	6
	289	361

(2) The children were selected for systematic examination on the following plan.

(*a*) Those born during 1896-1897; this includes children from

13 to 14, and a certain number from 12 to 13, in other words the "leavers."

(*b*) Those born during 1904-1905; this includes children from 5 to 6 and a certain number from 6 to 7, that is the "enterers."

(*c*) All the children in the Special School.

Besides the systematic examination of the enterers and leavers it has been customary before completing the inspection of each school briefly to examine every child in the school not included in the above scheme. By this procedure a considerable amount of obvious disease and neglect (squint, enlarged tonsils, mouth breathing, &c.), which might otherwise have remained undiscovered until the children reached the age for systematic examination (*i.e.*, 12-14 years) has been brought to the notice of the parents.

At the Office a large number of children referred by the Secretary of the Education Committee, by the Head Teachers, or selected during medical inspection, have been examined with regard to fitness to attend school, freedom from infection, &c. In this respect considerable assistance has been derived from the Attendance Forms collected each week by the Attendance Officers.

(3) (*a*) The total number of children *systematically* examined was 3,404.

(*b*) The total number of children medically inspected for obvious defects (*class to class examination*) was 12,081.

(*c*) The total number of children examined at the Office with regard to fitness to attend school, re-examination after defects had been dealt with, &c., was 916.

Below is a table showing the age and sex distribution of the children systematically examined.

AGE AND SEX DISTRIBUTION.

	Boys.	Girls.	Totals.
Born in 1906	2	3	5
,, 1905	637	628	1265
,, 1904	284	291	575
,, 1903	0	4	4
,, 1898	385	366	751
,, 1897	420	380	800
,, 1896	2	2	4
	1730	1674	3404

(4) The following children have been referred for further examination :—

(*a*) All children suffering from defects which were notified to the parents. Owing to the amount of work entailed it has been possible to re-examine only a small percentage of this group.

(*b*) Certain selected children, where the need of following up appeared urgent; 219 cases were card-indexed and followed up; this group includes children showing signs of neglect, &c.

(*c*) Cases of contagious disease, ringworm, itch, &c. Under this heading 502 children were card-indexed and re-examined on several occasions or until they were fit to be re-admitted into school.

(5) Classification of defects notified :—

This naturally falls under two headings :—

(*a*) Defects found at the systematic examination.

(*b*) Defects found at the class to class inspection of all the scholars in each school.

Defects.	Letters sent.	
	Systematic Examination.	Class to Class Examination.
Head verminous	145	558
Head scurfy	..	1
Body dirty	1	17
Body or Clothing verminous	7	10
Decayed teeth	426	270
Overcrowded teeth	37	76
Enlarged tonsils, mouth breathing	144	141
Enlarged glands in neck	1	4
External eye diseases	33	94
Squint	30	77
Defective vision	138	48
External ear diseases	19	38
Defective hearing	10	18
Infectious Disease :—		
Ringworm	79	403
Other diseases	16	1
Skin diseases	8	13
Scalp diseases, other than Ringworm ..	..	47
Diseases of jaw	..	6
Hare lip and cleft palate	..	6
Unsuitable or broken walking apparatus ..	..	3
Need of surgical boot	..	2
Unsuitable spectacles	37	49
Diseases of spine, &c.	..	4
Miscellaneous	9	9
	1140	1895

Certain verbal directions were given to those parents who were present, but in every case a letter was sent by post; my experience is that parents pay attention to a formal notice; moreover should a prosecution arise evidence that a formal letter was sent would be of value.

(6) The average time occupied by the systematic examination of each child was about seven minutes.

SUMMARY OF DEFECTS FOUND AT SYSTEMATIC EXAMINATION.

	Cases.
Neglected Clothing	194
Defective Nutrition	117
Head Verminous	1104
Head Scurfy	21
Body Dirty	245
Body or Clothing Verminous	16
Body Flea-bitten	349
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Other Diseases	16
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	6277

(*d*) "*General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular* 582, *including tables showing the height and weight of children inspected (according to age at date of inspection and sex).*"

(1) *Heights and Weights.*

The following tables show the average heights and weights of all the children systematically examined during the year, and also the figures arrived at by the Anthropometric Committee.

HEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No measured.	Average height.		No. measured.	Average height.	
		Inches	Centimetres.		Inches.	Centimetres.
4	2	39	99·06	3	$45\frac{1}{2}$	115·57
5	637	$40\frac{1}{12}$	103·39	628	$40\frac{1}{2}$	102·87
6	284	$42\frac{1}{3}$	108·44	291	$47\frac{1}{2}$	121·65
7	..	..	..	4	$42\frac{1}{4}$	107·19
12	385	$54\frac{5}{12}$	138·18	366	$55\frac{1}{6}$	139·95
13	420	54	137·16	380	$53\frac{11}{12}$	136·91
14	2	56	142·24	2	$58\frac{3}{4}$	149·10
	1730			1674		

WEIGHTS.

Age last birthday. Years.	BOYS.				GIRLS.			
	No. weighed.	Average weight.			No. weighed.	Average weight.		
		Lbs	Ozs	Kilograms.		Lbs.	Ozs.	Kilograms.
4	2	37	0	16 79	3	32	5	14·66
5	637	38	6	17·38	628	37	4	16·88
6	284	37	12	17·15	291	40	0	18·14
7	..	..		..	4	40	4	18·23
12	385	72	5	32·80	366	71	13	32 56
13	420	76	6	34·61	380	78	10	35·65
14	2	64	8	29·26	2	92	0	41·73
	1730				1674			

Age last Birthday.	BOYS.			GIRLS.		
	Coventry.	Anthropometric Committee.		Coventry.	Anthropometric Committee.	
		Artizan Towns.	All Classes.		Artizan Towns.	All Classes.
Years.	HEIGHTS. inches.	inches.	inches	inches.	inches.	inches.
5	40·95	41·03	39·72	40·50	39·77	40·55
13	54·00	55·81	56·91	53·98	56·22	57·77
	WEIGHTS. lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
5	38·38	40·90	39·90	37·29	40·30	39·20
13	76·37	79·00	82·60	78·68	84·90	87·20

No useful purpose will be served by attempting to draw conclusions from these figures. The better plan is to wait until a new standard has been formed from the statistics now being accumulated throughout the country.

The children are weighed and measured in their indoor clothing without boots or shoes.

In calculating the average weights a small error is bound to arise from the varying amount of clothing worn by the children.

(2) *Nutrition.*

Generally speaking, the children are well nourished, probably owing to the present commercial prosperity of the City.

It was noticeable that, as a rule, those attending the schools built on the outskirts were of a better physique than the children at the less favourably situated schools.

Two factors are at work producing this result. In the first place the home conditions of a child attending a semi-rural school are better, because the new houses which are being rapidly built, as the City extends, attract a good class of tenant, and secondly, the surroundings of such a school with regard to light and air are superior to those of the older schools situated in the denser parts of the City; 3.4 per cent. of the children systematically examined were found to show evidence of defective nutrition.

The more serious of these cases were visited by the School Nurse and enquiries made into the home conditions. The nutrition of the children attending Kingfields School, where a meal is provided for each scholar, was above the average.

(3) *Clothing and Footgear.*

The state of the clothing and footgear was, on the whole, fairly satisfactory. In 5.6 per cent. of the children examined it was found defective. It will be noted that in both the Infants and Seniors the boys show a higher percentage than the girls; this is probably due to the more strenuous existence of the former. The very small number of senior girls having defective clothing and footgear may be due to the fact that they have reached an age when they begin to take an interest in their personal appearance.

NEGLECTED CLOTHING AND FOOTGEAR.

	No. Examined.	Neglected Clothing and Footgear.	Per Cent.
Boys: Infants	923	60	6·5
Seniors	807	67	8·3
All Boys	1730	127	7·3
Girls: Infants	926	40	4·3
Seniors	748	27	3·6
All Girls	1674	67	4·0
All Boys and Girls	3404	194	5·6

It is to be hoped that the day is not far distant when a change of footgear will be kept at the schools for each child in order that its boots may be dried in wet weather. This course is already adopted in certain Secondary Schools.

(4) *Cleanliness.*

With regard to cleanliness, there is no doubt that a distinct improvement has taken place since medical inspection of the school children began in Coventry.

The percentage of children found with pediculi or ova in their hair was 32.4.

VERMINOUS HEADS.

Senior Boys	8·9
Senior Girls	59·6
Infant Boys	14·3
Infant Girls	49·1

Evidence of the presence of body vermin was found in 0.4 per cent. of the children examined; as this condition is almost always associated with insanitary and unclean homes, visits were paid to the houses where the affected children lived, and when permission was given the clothing and bedding were removed for disinfection; unfortunately there is no Act in force rendering such disinfection compulsory.

In 7.1 per cent. of the children examined the bodies were found to be in a very dirty condition.

In considering the plans for future schools, it is to be hoped that the Education Authority will re-consider the need of providing the means by which practical instruction in bodily cleanliness may become part of the educational routine of each child; 10.2 per cent. of the children showed the presence of a large number of flea bites. Curiously enough some of the children living on the outskirts of the City were the worst offenders. This is possibly due to the habit of keeping fowls.

(5) *Teeth.*

In 82.9 per cent. of the children examined, one or more teeth were found to be decayed. In the following table a more exact classification is adopted.

From this it will be seen that over 50 per cent. of the infants and nearly 30 per cent. of the seniors had more than four decayed teeth. In several cases the number of unsound teeth was more than twenty.

Only 17.1 per cent. were free from carious teeth, and this number would probably be smaller if a dental mirror had been employed in the examination; 2.9 per cent. showed considerable overcrowding of the teeth, usually associated with a narrow arched palate.

TEETH.

	No. Examined.	Sound.		Decayed 3.		Decayed 4.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Boys : Infants ..	923	145	15·7	221	23·9	557	60·3
Seniors ..	807	143	17·7	410	50·8	254	31·4
All Boys ..	1730	288	16·6	631	36·4	811	46·8
Girls : Infants ..	926	162	17·4	251	27·1	513	55·2
Seniors ..	748	131	17·5	403	53·9	214	28 6
All Girls ..	1674	293	17·4	654	38·9	727	43·3
All Boys and Girls	3404	581	17·0	1285	37·7	1538	45·1

(6) *Nose and Throat.*

A considerable amount of nasal catarrh (running at the nose) was observed, particularly in the Infant Departments; this condition often arises from obstruction in the naso-pharynx (adenoids). Unfortunately it is as frequently due to a lack of appreciation of the proper use of a pocket handkerchief. It ought not to be too much to expect that every child should have one in its possession and be taught how to use it.

Tonsils.

It is probable that a slight enlargement of the tonsils is natural in children attending the Infant Departments. In 236 cases examined the enlargement was considerable and the removal of the tonsils was advised.

It cannot be too strongly impressed on the parents that nothing short of removal can successfully deal with tonsils which are much enlarged, and that while a child is "outgrowing the enlargement" incalculable damage may be done to the hearing and to the development of the nose.

Mouth breathing.

Of the children examined 107 were mouth breathers to a marked degree. Adenoids, nasal obstruction, and bad habits account for most instances of this defect. It is interesting to observe that the greater proportion of children mentally defective consists of mouth breathers.

It must not be forgotten that removal of adenoids will not cure mouth breathing unless the operation is followed up by breathing exercises extending over a considerable period.

It will be well to consider the advisability of instituting breathing exercises and pocket handkerchief drill among the scholars. Such a course of instruction is certain to show good results.

(7) *Enlarged glands.*

The majority of children have lymphatic glands which are palpable, and it is probable that slight enlargement of the tonsils and of all the lymphatic glands is usual in childhood. In 4.5 per cent. of the cases the enlargement was decidedly excessive. Such enlargement usually arose from enlarged tonsils, decayed teeth, dirty heads, or an unhealthy condition of the naso-pharynx, and could, therefore, usually have been prevented.

(8) *External eye diseases.*

Of the children systematically examined 1.8 showed evidence of inflammation of the edges of the eyelids. This condition is frequently associated with general ill-health, underfeeding, defective vision, &c., but as a rule it speedily responds to simple treatment.

Serious disease of the eye (apart from defective vision) was rare, about 16 cases in all; the majority of these cases were, at the time of examination, under treatment.

Squint.

Was present in 1 per cent. of the cases. It is most unfortunate that parents often persist in the idea that a child will grow out of the defect, and in their opinion they are sometimes supported by individuals who ought to know better.

Almost every child suffering from squint needs to wear glasses constantly, and a certain number can be permanently benefited by an operation.

When a clinic is established, it should be possible to prosecute successfully a parent who persistently refuses to accept the advice offered.

(9) *Vision.*

Of the senior scholars examined 6.1 per cent. were found to have defective vision, and 1 per cent. were found to be wearing glasses which were obviously unsuitable. Advice was given in these cases.

If a child can read and sew without difficulty it is often stated by parents and others that it is impossible for a serious defect in vision to be in existence. Such an opinion is scarcely worth attention were there not a risk of it leading to disastrous results to the child's eyesight.

(10) *Ear.*

Of the children examined 0.7 per cent. were found to be suffering from discharging ears, due usually to a past attack of Scarlet Fever or Measles; these cases can usually be cured by simple means and the condition is often very disagreeable to the rest of the class.

In 0.6 per cent. of the children examined the hearing was considerably impaired. It is probable that were the examination conducted in a quiet room under favourable conditions, the number of children found so affected would be greater.

(11) *Defective speech.*

Eight cases (0.2) per cent. of defective speech were discovered; this defect was almost always associated with a feeble mental condition.

(12) *Heart disease.*

Nine cases were found (0.2 per cent.) showing actual disease of the heart and valves. It is probable that more suitable rooms for conducting the examination would increase the number of cases detected. In three cases the question whether the child was fit to attend school arose and appropriate advice was given.

(13) *Lung diseases.*

In 2.3 per cent. a considerable amount of bronchitis was present at the time of examination; the greater number of these children have been followed up with a view to the possibility of tuberculosis being present. Four of the above cases have definitely been proved tubercular and are under treatment.

In an examination carried out in a noisy class room it is very difficult to detect by the stethoscope an early case of consumption, and therefore the need of a persistent following up of all suspicious cases arises.

(14) *Tuberculosis.*

Four cases of phthisis were discovered. There is no doubt that in this district tuberculosis of the lungs in children is a somewhat rare disease.

Four cases of disease of the spine, due to the tubercle bacillus, were found; these are now under suitable treatment through various agencies.

Three children were discovered suffering from tuberculosis affecting the bones, other than the spine; these also have been treated. In this respect much assistance has been afforded by the ready help of the Charity Organisation Society.

(15) *Rickets.*

Seventy-one children were found to be suffering from the bony signs of past rickets. Unfortunately in most of these cases the damage done is past repair by the time the children are met with in school.

(16) *Deformities.*

About fifty cases of deformity were found; in the majority of the children affected surgical treatment offers a bright prospect of relief.

Fifteen of the above cases were urged to get treatment, and most of the parents accepted the advice.

One girl suffering from a wry neck, in the charge of a stepmother, was a cause of some correspondence, but eventually under pressure brought to bear through the Children's Act, the Medical Inspector's advice was followed and a successful operation performed.

(17) *Infectious disease.*

Among the children systematically examined, nine cases of mumps were found in one department, apparently unrecognised.

Six children were found in another department suffering from chicken-pox. One girl was discovered to be attending school while peeling after an attack of scarlet fever. There is reason to believe that a School Nurse some of whose time could be devoted to searching out unsuspected cases of infectious disease in the schools would be useful.

Unfortunately some Head Teachers still omit to fulfil the legal obligation of reporting to the Medical Officer cases of infectious disease occurring among their scholars.

Ringworm.

At the beginning of the year four cases of skin ringworm were still outstanding; these have since been readmitted to school.

Fifty cases of scalp ringworm discovered in 1909 were still excluded; of these, thirty have since returned to school, leaving seventeen cases still uncured; and three children reaching the age-limit, have been removed from the register.

During 1910, 390 fresh cases of ringworm affecting the scalp have been discovered; of these 261 are as yet uncured, making a total of 278 at present excluded from school.

Ninety-two children have been found suffering from skin ringworm, and of these thirteen remain uncured, so that at the end of 1910, 291 children were still affected with the disease.

Of all the cases of ringworm 79 were discovered during systematic examination, and the remainder at the class to class inspection or were notified by teachers.

The extent of the disease found in this district is probably not in excess of the amount existent elsewhere.

Ringworm occurring in children may be conveniently classified according to the site of its occurrence into:—

(1) Ringworm of the skin.

(2) Ringworm of the scalp.

(1) *Ringworm of the Skin.*

Is usually due to one or other variety of the large spored fungi. The small spored organism rarely attacks the skin; when it does, the ring which is formed is of small diameter not usually larger than a florin; there is little inflammatory reaction and the skin infection occasionally disappears without treatment. The small spored fungus occasionally causes small solid raised scurfy patches; in these cases, which are not easy to diagnose without microscopic examination, there is usually a distinct margin to each patch.

In ringworm of the skin, due to a large spored variety, the rings are of wide diameter, with a well marked inflammatory zone surrounding them, so much so that in some cases the periphery may be pustular.

(2) *Ringworm of the Scalp.*

Is almost always due to a small spored organism. Of 160 cases microscopically examined small spores were present in over 90 per cent.

The large spored fungus rarely attacks the scalp, except by extension from a skin infection, usually on the forehead or neck.

When it does so the disease is, as a rule, not difficult to cure.

Ringworm of the skin rarely occurs on a patient suffering from ringworm of the scalp; 7 cases occurred in those examined, being 1.75 per cent.

The disease begins as a minute scaly patch on the surface of the scalp; from the position thus gained, the fungus attacks the hair. Having passed down into the follicle (in which case, a small red papule may be seen surrounding it) or more probably having eaten directly into the hair, the fungus forms a mycelium within the shaft. The hair at this stage breaks off, leaving the characteristic stump protruding through the scales.

Consideration of the cases examined leads to the conclusion that the usual mode of entry into the hair shaft is a direct one. It is probable that the organism erodes the hair by the action of a keralytic ferment.

The extension of the mycelium along the shaft in the case of the large spored variety is slow.

As the age of puberty approaches changes occur in the hair which render it more resistant to attack; should infection then take place it is almost always due to the large spored fungus, the hair affected is usually fine and silky, and moreover direct penetration of the shaft appears to be rare. Infection may be due to :—

(1) Direct contact (occasionally intentional).

(2) Use of infected articles, brushes, caps, &c.

(3) Aerial transmission.

(4) Animal infection.

(3) It is possible that aerial transmission is not an uncommon method of infection during school life. It is not unusual to find an outbreak of ringworm of the scalp for a long period almost entirely confined to one class, and as the opportunities for infection by direct contact or by use of infected articles are no greater, but less in a class, than in the school as a whole, the reasonable inference appears to be that the class limitation of the disease is due to the infection having been transmitted by the air of the class room. The probability is increased by the fact that the Ringworm parasites belong to the Hypomycites or Mould family, whose spores float through the air.

In this connection it is interesting to observe what is the most common site of scalp infection.

If the infection is generally due to contact or to the use of infected caps, &c., the sides, back and vertex should be equally liable to attack, that is to say about 33 per cent. of the cases should show an infection on the top of the head and about 66 per cent. on the sides and back.

If, however, infection usually occurs by aerial transmission, it is likely that the vertex will suffer most severely.

Analysis of the 400 cases gives the following figures :—

Vertex	66.25%
Back and sides	29.25%
Whole head	4.5%

(4) *Animal Infection.*

It is said that a considerable number of cases of skin ringworm arise from contact with an infected animal, usually a cat; although attention has been paid to the possibility of this mode of infection, up to the present it has not been possible to obtain very satisfactory evidence in support of the statement.

In one case parents complained that their children had caught the disease while playing in a field in which cows were put out to graze. Investigation showed that the children were suffering from an infection with the large spored fungus, and that one of the cows also was infected by a similar organism; further than this statement of fact, it is not now possible to go.

It is well known that farm labourers acquire the disease through contact with infected cattle.

Diagnosis.

The following varieties of scalp ringworm occur :—

(1) The typical circumscribed scurfy patch, thickly covered with short stumps of brittle hair, 91.75 per cent.

(2) Diffuse scattered foci, each focus only involving a few hair follicles, 8.25 per cent.

(3) Bald smooth patches, showing a few very short broken hairs around the margin of the patch, 0.0 per cent.

(4) Kerion, in which there is a boggy area of acute inflammation—seen to consist of suppurating hair follicles.

This condition is also very rare; only two instances occurred in our series, 0.5 per cent.

It is possible that some cases which have been described under the term Kerion are in reality due to a mixed infection of ringworm and pyogenic cocci.

In carrying out an inspection for scalp ringworm attention should be directed mainly to two points.

(1) *The presence of Scurf.*

Scurf, particularly when localised, demands a careful examination of the head aided by a lense; such examination will generally reveal :—

(2) *The presence of short broken hairs* characteristic of ringworm; each hair appears frosted, and can be readily broken off; its removal causes no pain. These broken hairs, or as they are often termed " stubble," are absolutely diagnostic of scalp ringworm; when mounted in liquor potassae and examined under a $\frac{1}{6}$th objective, the spores and mycelium can easily be seen.

Treatment.

(1) *Ringworm of the skin.* No difficulty should arise in affecting a cure of this disease. The simplest method is to paint the patch daily with Tincture of Iodine. Three applications are usually sufficient.

(2) *Ringworm of the scalp.* The successful treatment of this disease may, under unfavourable conditions, be a difficult and wearisome undertaking. Two methods are available :—

(1) The application of irritant parasiticides.

(2) The use of X-rays.

Whichever method is adopted the first step is to determine the extent of the disease, and for this purpose it is essential that the whole of the head should be carefully examined in a good light with the aid of a lens. Should the disease be found localised and not extensive, there appears no reason why a cure by means of parasiticides should not be attempted, and it is probable that some parents will insist on this method of treatment.

Many drugs have been recommended for the treatment of Ringworm of the Scalp. There is reason to think that it does not much matter which drug is employed provided that it is antiseptic, irritant, that the liquid in which it is made up is capable of dissolving fatty material, and that due diligence is displayed in its application.

(1) The extent of the disease having been determined, the affected area shaved, and thoroughly cleaned with ether soap, paraffin, or methylated spirits, the solution decided upon should be applied with a very stiff brush by the medical man or nurse daily for about a week. By this time a moderate amount of reaction will have been produced. After a few days rest, the area diseased should be well rubbed with a coarse cloth and moistened with methylated spirits; by this means loose hairs will be removed. The painting must then be repeated for a further period. Under this routine a cure can usually be effected in about 3-6 weeks. Under no circumstances should water be applied tó a scalp affected with ringworm, or a watery solution used in treatment.

(2) Where the disease has resisted drug treatment, is extensive, or consists of scattered foci, treatment by X-rays should be undertaken.

After exposure to the rays for an appropriate time, the quantity given being measured by Saboraud's pastiles, the case need not be seen for about three weeks; during this time an antiseptic lotion should be used and the head rubbed daily to assist in the removal of the hairs; unless complete baldness of the affected area occurs the treatment is useless. New hair should appear in about two months. The scalp must then be carefully inspected to discover whether a cure has been effected, and some of the new hairs microscopically examined.

Should a scurfy condition of the scalp persist after ringworm has been apparently cured, careful examination will almost always show that the disease is still present.

INFLUENCE OF SCHOOLS ON THE SPREAD OF RINGWORM.

In considering this problem it is necessary to bear in mind that as age advances children become less liable to attack, and that Ringworm of the scalp—due to small spored fungus—becomes stationary or dies out by the time that the child leaves school. On the other hand there is no reason to think that infants and small children under school age are at all immune from attack; on the contrary the disease seems to find a particularly suitable nidus in the scalp of infants and young children.

In the examination of school children of various ages the fact appears that not only is Ringworm more prevalent in the Infants Departments (as one would expect), but infants of the age period 6-7 are most commonly found affected. The following table shows the age distribution of children attending the Elementary Schools in Coventry, and compared with it the age distribution of about 400 cases of ringworm of the scalp.

DIAGRAM I.

AGE DISTRIBUTION

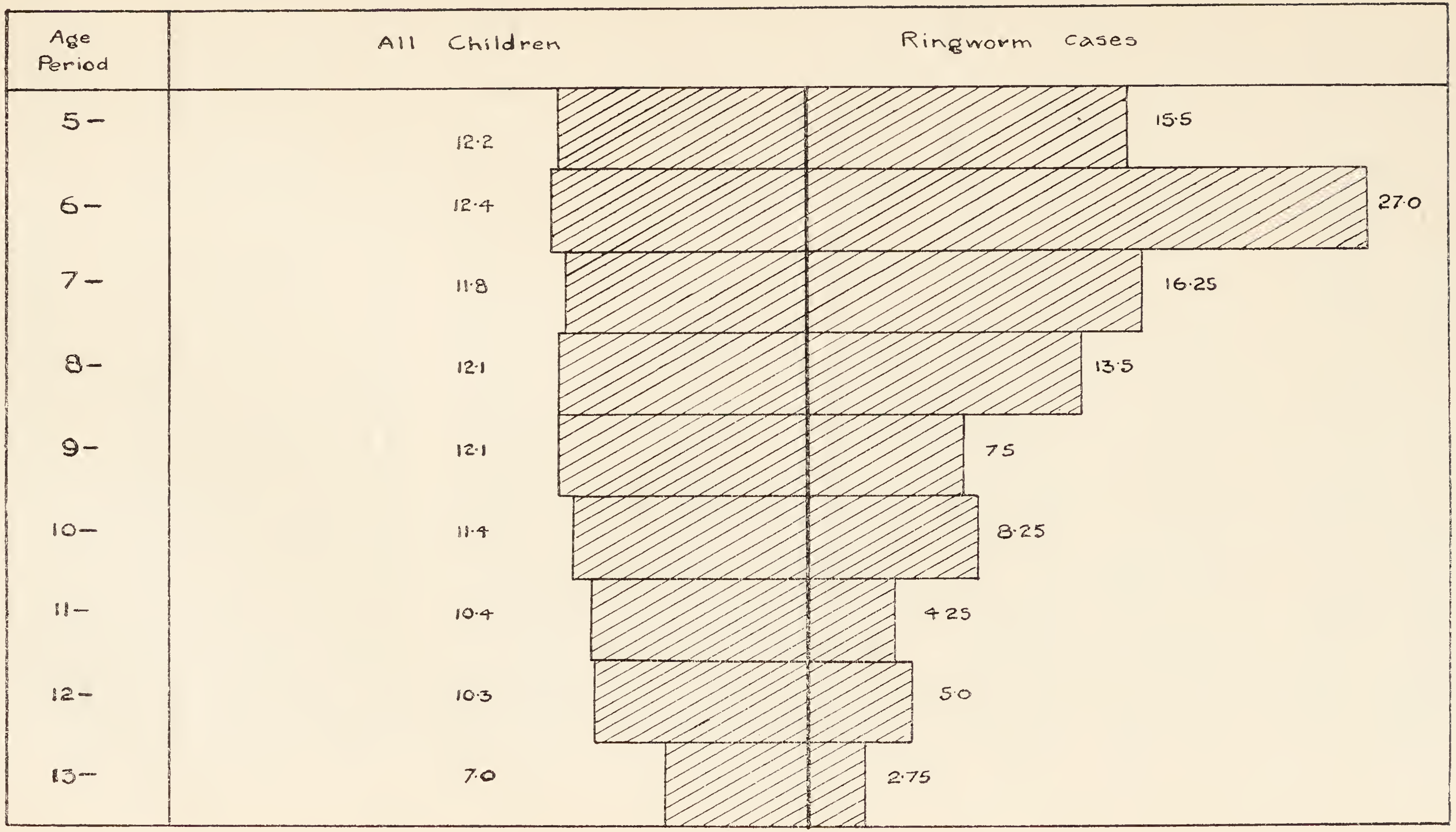

Diagram 1 shows the age distribution of all the children attending the Elementary Schools in Coventry, and compared with it the age distribution of about 400 cases of ringworm of the scalp. From the table it will be seen that the total number of all children attending school is about equally divided amongst the various age periods.

On the other hand a similar table showing the age distribution of the 400 Ringworm cases shows striking differences :—

(1) The affected children are mainly distributed over the first four age periods.

(2) After the ninth year the number of children in each age period steadily decreases ; this is probably due to the immunity which advancing age bestows.

(3) The age period 6-7 shows by far the largest proportion of cases.

As there is no reason to think that the age period 6-7 is one of increased predisposition, the only reasonable inference is that during this period and the previous year occurs an increased opportunity for infection.

This increased opportunity must be due to attendance at school, which commences at the fifth year or soon after.

The liability to infection at school must vary according to certain circumstances.

(1) *Schoolrooms.*

(*a*) Of primary importance is the amount of floor space per child ; it is obvious that overcrowding must increase the risk of infection.

(*b*) Physical Drill carried out in the class rooms is bound to assist in disseminating the spores.

(*c*) Frequent cleansing of the floors should diminish the risk of infection. It is reasonable to suppose that spores of the fungus, falling to the ground, intermingle with the dust, which thus becomes a source of danger ; class room floors should be thoroughly cleansed with soap and water once a week and the desks and forms suitably treated.

(2) *Cloakrooms, &c.*

Doubtless the insanitary and ill-arranged cloak rooms generally found assist in the spread of the disease.

An infected cap is a source of danger to other articles hanging beneath it. It is important that each child should use a numbered peg; and there should be a clear space of 18 inches between the pegs, with no peg vertically below another.

Clean towels should be substituted for those in use each morning, and not once a week—a more usual method.

(3) *Playgrounds.*

Contrary to the general opinion, risk of infection during play in the open air appears to be slight, unless there is intimate contact. It is probable that spores are carried away before they infect the occupants of the playground.

It is difficult to believe that infection often occurs in the playground, when it is realised that an outbreak of Ringworm can remain for a considerable period almost localised to one class. It is probable that the risk of infection during outdoor play even though contact often occurs, is considerably over-rated.

It has been stated that children in the different classes do not considerably intermingle during play. This is probably not the case.

Personal factors influencing infection.

Apart from the opportunities for infection it must be remembered that there are personal factors influencing the occurrence of the disease.

Ringworm of the scalp is rather more common in boys—53 per cent. boys and 47 per cent. girls; this may be partly due to the fact that in boys it is more easy to discover; but it is probably mainly due to the long hair of the girls affording a protection, so that spores are brushed or shaken off before they can establish themselves on the scalp.

An unclean or ill-cared-for head certainly does not predispose to the disease; other things being equal a clean, well-washed scalp is as likely to show evidence of ringworm. This may, to some extent, be due to the fact that washing the head rapidly disseminates the disease; probably a slight greasiness of the hair tends to protect it.

Bodily health does not seem to affect the growth of the fungus, neither does the state of nutrition appear to be of importance. But it is probable that the colour and texture of the hair, particularly the latter, play a part in predisposing to attack or in influencing the progress of the disease.

Below are diagrams showing the state of nutrition, cleanliness of the head and colour of the hair in about 1,000 children, and compared with it is a similar table concerning about 400 Ringworm cases.

DIAGRAM II.

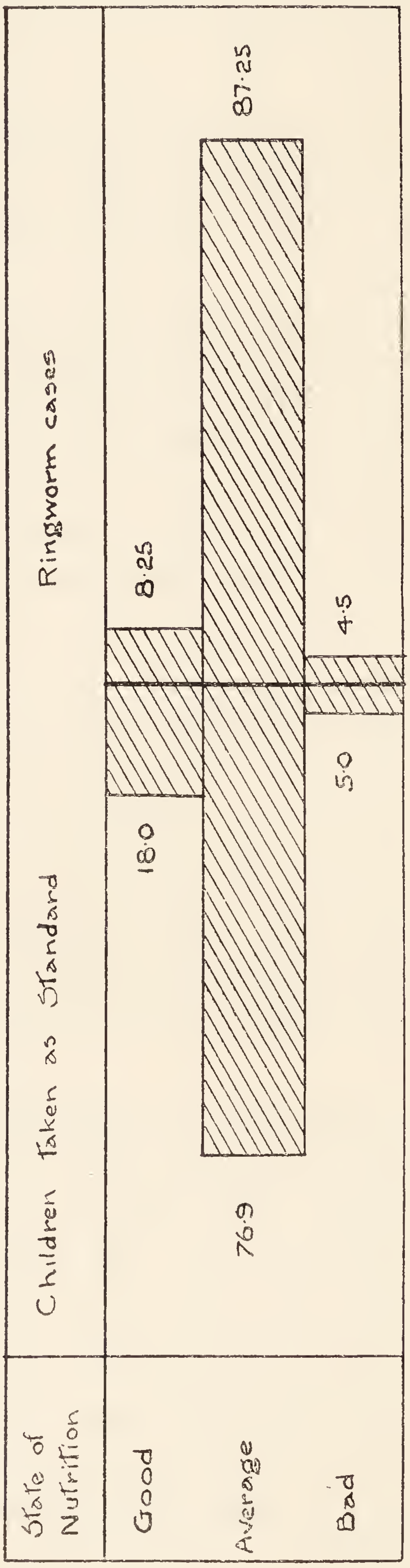

DIAGRAM III.

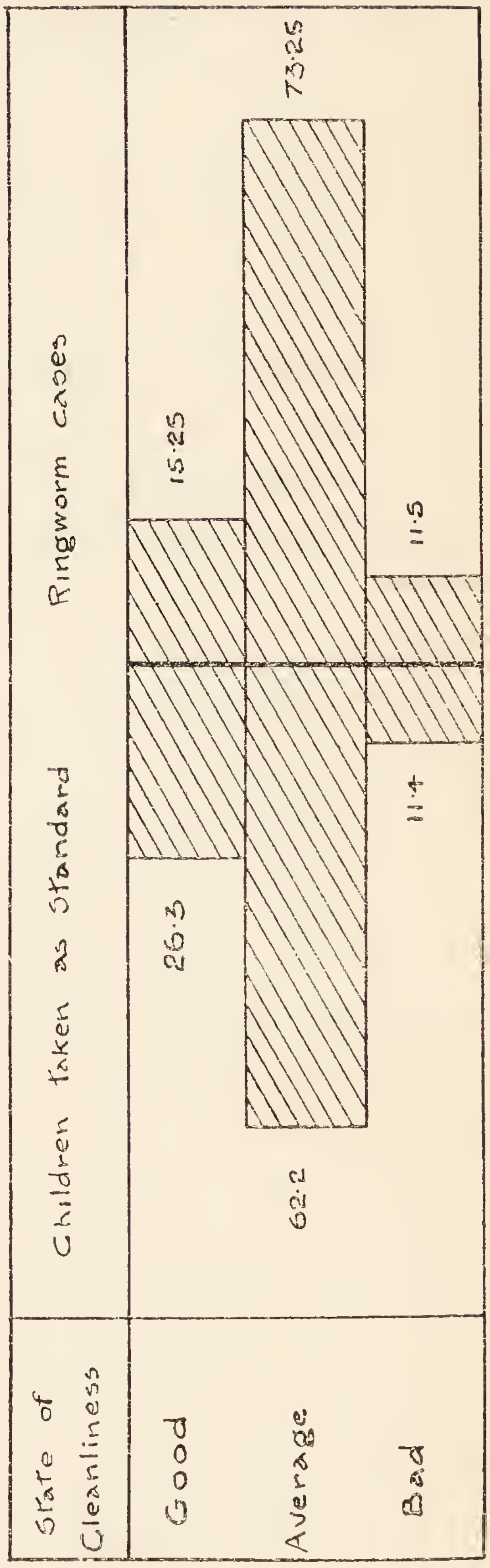

Diagram II. seems to show that the state of nutrition is of little importance as far as Ringworm of the scalp is concerned.

Diagram III. The state of cleanliness also appears to have little influence in predisposing to infection. It is true that the "good" class, as regards nutrition (and also as regards cleanliness), appears rather less likely to show presence of the disease; this is probably due to the careful watching of the head and early resort to medical advice by the parents, rather than to immunity conferred by bodily cleanliness. That this is so is borne out by the fact that the "bad" class shows no increased predisposition to the disease.

DIAGRAM IV.

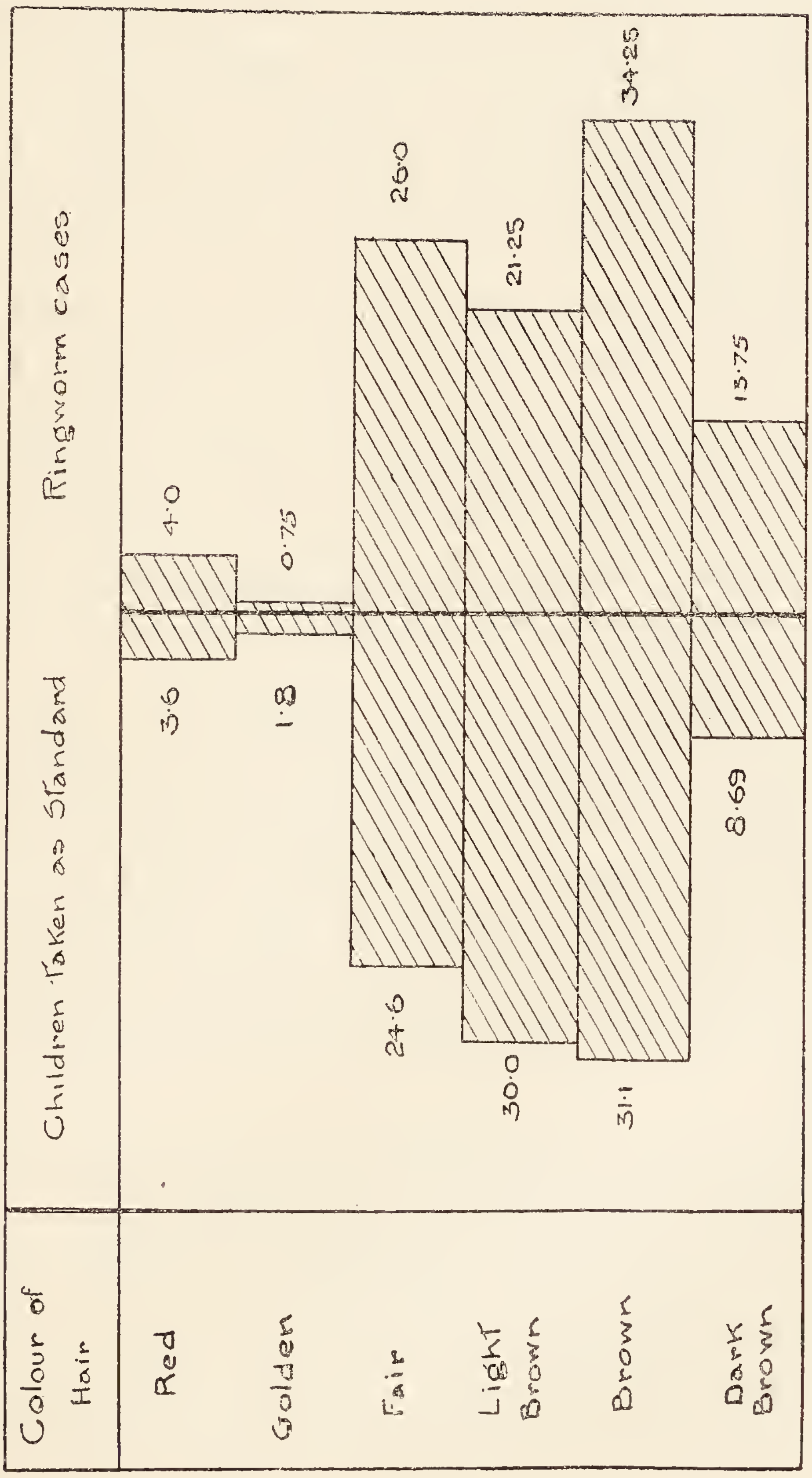

Diagram IV. Contrary to the experience of some observers dark-haired children, in this series, appear more liable to attack, but in them the disease seems more amenable to treatment.

METHODS OF DEALING WITH THE DISEASE.

Various means have been adopted to cope with the disease occurring in children attending the Elementary Schools.

In the first place there can be no question that a child suffering from Ringworm should be excluded from school until cured.

In some districts children suffering from the disease are allowed to attend school provided that the affected area is covered with ointment, or the child wears a cap; this procedure is not only unsound in principle, because it permits a scholar suffering from a contagious disease insufficiently protected, to attend school; but it is undesirable in practice, as it subjects the child to considerable annoyance since it is recognised by its fellows as being "unclean."

It is stated by some that it is useless to exclude children suffering from Ringworm from school as there is no means of controlling their movements after exclusion; and that the affected children can disseminate the disease while attending Sunday school or various social gatherings, and by playing with their neighbours in the streets. If the argument be sound, children suffering from Chicken Pox, Impetigo or Scabies should not be excluded from school.

It is sometimes stated that Ringworm of the scalp is a disease of low infectivity, mainly on the assumption that an affected child may remain in a class for a year or more without other cases being apparent. Unless all the children that have been associated in the school during the year with the one affected child are carefully examined for the presence of Ringworm and found to be free from the disease, the necessary proof appears to be wanting.

If Ringworm is to be effectually dealt with in the Elementary Schools, three essential steps must be taken.

(1) Regular systematic examination of all the children by the Medical Officer or by a Nurse specially instructed in the work of examining for Ringworm.

It is useless to rely on the teachers for this purpose; although they can readily diagnose the circular patch of Ringworm of the skin, it is quite impossible to convince the majority of teachers that a small area of scurf showing two or three broken hairs is the beginning of a disease which may continue, unless properly treated, for several years. Nevertheless teachers should be compelled to notify at once to the Medical Officer a case, or suspected case of Ringworm, and to exclude the child until a certificate has been issued by the Medical Officer to the effect that the child may attend school.

Too much stress cannot be laid on the value of a careful examination of the head of every child in a school; such examination should be carried out at least twice a year throughout the whole school and about every month in the Infant Departments.

A careful, capable Nurse can examine about 200 children in a day; the suspected cases should then be seen by the Medical Officer, and the name and address of each child, together with other particulars, entered on a card, which should be filed. By this method it is always easy to refer to any particular case. A microscopic examination of the hairs is sometimes necessary to assist in the diagnosis.

(2) The affected child having been excluded from school the question of treatment arises. No difficulty should be experienced in the case of *ringworm of the skin*; the majority of the children can be passed back into school in a week.

With *scalp ringworm,* experience has shown that it is of little use simply to exclude the children. Although a great deal can be done by home visits paid by a School Nurse, yet the scalp affection is a disease demanding in treatment more continued attention and prolonged perseverance than a busy Practitioner has time to bestow (it must be remembered in this connection that the majority of the cases may be Club patients); to be effectually stamped out, it should be treated by the Education Authority. The actual method adopted must vary with the circumstances of the district.

In a large urban area such as Coventry a Ringworm school would appear to be a satisfactory way of dealing with the disease. The period of exclusion from school of each child, even when treated at once with X-rays, is rarely short of three months, and may, under favourable conditions, extend to more than a year.

The loss of education to the child and the loss of the grant to the Authority, unless treatment is carried out in a school, is bound to be very considerable.

The difficulties of establishing and carrying on such a school may arise through :—

(*a*) *Expense.*

Unless use can be made of existing school buildings the cost of acquiring and fitting out premises, &c., together with the salary of a teaching staff, is an important item.

(*b*) *Teaching.*

A difficulty in teaching may occur through the grouping together of children of different ages. If the number of children is large, the difficulty diminishes. Moreover the majority of affected children are under 9 years of age—72 per cent.

(*c*) *Travelling.*

Some children may have to travel a long distance in order to reach the school, and in the case of infants this is not an unimportant detail.

These difficulties are, however, by no means insuperable, and are more than counter-balanced by the great advantage of having the children collected together and easily accessible for observation and treatment.

The child does not lose the education or the Authority the grant, and it appears probable that unless satisfactory treatment is being carried out, attendance at a Ringworm school can be enforced by the Education Authority.

Efficient inspection before return to school is essential; this to be thorough often entails a microscopic examination of the hairs.

No child should be allowed to return to school until certified as cured by the Medical Officer.

Even with the most careful examination it is impossible to be certain that a case is cured; time only can prove whether the treatment has been successful or not. Therefore the re-admitted child should be seen again in about two months.

Although Ringworm is a disease causing no danger to life, yet it is a disfiguring and loathsome complaint, and during its existence renders a child socially "unclean." Moreover, the disease, unless the child is allowed to remain in school, often considerably retards the educational life of a child, with the consequent loss of grant to the Authority. There is no doubt that the disease is much more prevalent than is generally believed; probably between 3 per cent. and 5 per cent. of children of all ages attending elementary schools suffer from Ringworm.

The routine adopted during 1910, in dealing with children affected with Ringworm (also in the case of infection with Scabies), was identical with the scheme commenced during the later part of 1909, viz. :—

The affected child is excluded from school, visited (as often as practicable) by the School Nurse in order to encourage treatment, and when certified by the Medical Inspectors as cured, admitted into school.

Specimens of suspected hairs are sent to the Lister Institute for examination; 90 specimens were sent during the year, of which 68.9 per cent. showed the presence of Ringworm.

Unfortunately, in spite of a circular letter sent to each Head Teacher, teachers not infrequently admit uncured cases of Ringworm into school on their own initiative or when certified as fit for school by private practitioners.

Thirty-four children not certified as cured by the Medical Officer were improperly admitted into various schools during the year.

Parents have on several occasions endeavoured, usually with success, to enter their children, while still suffering from Ringworm, at a private school, although the condition of the child has been brought to the notice of the teacher.

Scabies.

Eight children were found to be suffering from Itch during the systematic examination, and thirteen during the class to class inspection. Where necessary the bedding, &c., was removed and disinfected by the Sanitary Authority.

Impetigo.

The freedom of the children from this disease has been remarkable.

(18) *Vaccination.*

During the systematic examination notice was taken of the condition of each child with reference to Vaccination against Small Pox.

No less than 64.7 per cent. of the Senior Boys, and 62.3 per cent. of the Senior Girls, apparently had not been vaccinated, whilst among the Infants about 22 per cent. were unvaccinated.

(*e*) "*General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.*"

It is expressing a platitude to state that children showing the most neglected and dirty condition of person and clothing come as a rule from the courts and most undesirable areas of the City.

Some cases of gross neglect, when followed up, were found to be living in houses which have since been closed by the Sanitary Authority owing to the insanitary conditions existent.

As before mentioned the industrial prosperity of Coventry probably accounts for the generally well-nourished state of the children.

(*f*) "*Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*"

During the past year the question of a school clinic has been under consideration, and at the time of writing a scheme dealing with the treatment of children suffering from carious teeth, defective vision, and ringworm, has been adopted by the Council.

Children suffering from throat and nose affections as a rule obtain treatment at the Coventry and Warwickshire Hospital or from private practitioners.

Advice is given in the case of pediculosis, but actual treatment is not undertaken.

The three classes of defects proposed to be dealt with are: (1) eye defects; (2) ringworm; and (3) teeth defects. As regards eye defects, it is proposed to appoint an ophthalmic surgeon to deal with these; a properly equipped room will be provided; he will attend on specified days, not more than once a week, the number of days to be determined by the number of cases requiring attention. Children with eyesight defects are to be referred to their medical attendant; a counterfoil certificate will be provided for the medical attendant to sign if he desires the case to be referred to the clinic. This counterfoil certificate will be sent to the School Medical Officer, who will make the appointment for the Oculist. To meet the requirements of the Education (Medical Treatment) Act of 1909, a statement is intended to be submitted to the parent, somewhat on the lines of the scale adopted by the London County Council with regard to the recovery of expenses. The appointed Oculist is to be paid at the rate of 5/- per case referred. It is estimated that a maximum of 200 cases will be referred per annum. For ring-worm an X-ray specialist is to be appointed at a remuneration of three guineas per half day; the appropriate room and apparatus are to be provided by the Local Education Authority. As with eyesight defects, ringworm cases are to be referred to their medical attendants, and with a notification to the effect that chronic or appropriate cases may by them be referred for X-ray treatment. Appointments for this treatment will be made by the School Medical Officer; the maximum expenditure sanctioned for this work is £228 8s. od. per year. For teeth defects a whole time dentist at £300 per year is to be appointed. It is fully appreciated locally that this single appointment will be inadequate to deal with the 16,000 children attending the schools. It is regarded as experimental and educative. A room equipped with the necessary apparatus will be provided by the Authority. The cases to be dealt with—mainly in the region of conservative dentistry—will be selected partly by the results of the systematic medical inspection of children and partly by the advice of the dentist appointed. The supervision of the clinic will be in the hands of the School Medical Officer.

Work of the School Nurse.

The duties of School Nurse have been carried out by Miss Elmhirst, who was appointed in 1909. During the year 361 visits were paid by her to the schools to arrange for and assist at the work of medical inspection. She also assisted at the "class to class" inspection of more than twelve thousand scholars and at the special examination of 916 children at the Office.

The "following up" undertaken during the year has been chiefly devoted to cases of ringworm and of suspected neglect.

Three hundred and three home visits were paid to children excluded for ringworm, and two hundred and nineteen visits to the homes of neglected children. Reports of insanitary conditions in the homes were sent to the Sanitary Authority in 66 cases, and in 54 of these action has been taken by the Department.

In almost all the cases the visits were well received and the parents were usually willing to carry out the directions given.

There is no doubt that such "following up" by a School Nurse is of the utmost value. Additional staff is urgently needed to extend this work.

As has been previously mentioned, in addition to the systematic examination of the enterers and leavers, all the children present in the schools at the time of a visit have been briefly inspected for obvious defects; by this method a very considerable amount of gross defect has been brought to the notice of the Parents.

Twelve thousand and eighty-one children were examined during this "class to class" inspection and one thousand eight hundred and ninety-five letters were sent out concerning the defects so found. It should be remembered that only the most pressing cases were dealt with.

During the year an After-Care Committee has been formed, and an attempt has been made to utilise the services of this Committee in the following-up of children known to have defects of vision. Cards have been made out relating to 300 such cases, and by the end of the year 141 of these cards had been returned; in 46 instances it was found that spectacles had been provided before the visit of a Member of the After-Care Committee; in 4 instances they were provided after a visit; and in 91 instances nothing had been done.

(*g*) "*Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Article* 45 (*b*) *and* 57 *of the Code of* 1908."

NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ringworm.	Mumps.	Diphtheria.	Measles.	Skin Disease.	Itch.	TOTAL.
Earlsdon, Sen. ..	..	1	..	..	..	1	..	..	..	2
,, Infants ..	..	..	..	..	..	1	..	2	..	3
Edgewick, Sen. ..	No Re	turns								
,, Infants ..	..	21	2	..	2	..	1	..	..	26
Little Heath	..	2	15	3	..	..	..	..	..	20
Paradise	3	4	10	..	..	..	2	..	..	19
Radford	..	2	3	1	4	2	10	..	..	22
Red Lane, Boys ..	..	..	18	3	10	2	1	1	..	35
,, Girls ..	..	1	5	..	..	2	..	..	..	8
,, Infants ..	..	4	18	..	3	..	..	1	..	26
South Street, Boys ..	1	..	12	10	..	..	..	3	..	26
,, Girls ..	..	..	..	..	..	..	..	3	..	3
,, Infants	3	..	2	1	..	2	..	..	..	8
Spon Street, Boys ..	..	..	1	..	1	..	..	..	..	2
,, Girls ..	..	..	..	..	..	..	..	1	..	1
,, Infants	..	2	..	..	..	..	..	..	..	2
Stoke Council ..	..	..	2	..	..	..	..	..	..	2
Union Street, Mixed	..	..	1	..	..	..	..	..	..	1
,, Infants	1	..	..	..	2	..	..	..	..	3
Wheatley St., Boys ..	..	1	4	..	..	..	..	..	..	5
,, Girls ..	..	..	5	1	..	..	..	..	..	6
,, Infants	..	15	..	..	..	..	..	..	..	15
Fredk. Bird, Sen. ..	..	3	..	5	..	..	..	..	..	8
,, Infants	4	..	..	13	..	..	..	1	..	18
St. Thomas', Sen. ..	No Re	turns								
,, Infants	2	1	2	..	3	..	..	..	..	8
John Gulson, Boys ..	No Re	turns								
,, Girls ..	No Re	turns								
,, Infants	No Re	turns								
Special School, Wheatley Street	..	1	..	..	..	1	..	..	..	2
All Saints', Sen. ..	No Re	turns								
,, Infants ..	1	2	5	2	3	..	..	..	..	13
King Street, Girls ..	..	2	7	1	..	..	2	..	..	12
Holy Trinity, Boys ..	No Re	turns								
,, Girls ..	..	1	7	3	..	..	1	..	..	12
,, Infants	10	..	30	..	..	1	13	..	..	54
King Fields	..	20	..	..	..	..	22	..	..	42
St. John's, Boys ..	..	1	16	1	1	1	1	..	..	21
,, Girls & Infants	..	..	1	..	..	..	..	..	..	1
St. Mark's, Sen. ..	No Re	turns								
,, Infants ..	No Re	turns								
St. Mary's, Sen. ..	No Re	turns								
,, Infants ..	No Re	turns								
St. Michael's, Boys ..	..	..	8	..	..	..	..	..	..	8
,, Girls ..	..	..	5	..	..	..	1	..	..	6
,, Infants	..	5	4	5	..	..	2	1	..	17
St. Osburg's, Sen. ..	..	14	15	4	11	..	1	1	..	46
,, Infants	..	6	2	4	..	..	1	1	..	14
St. Peter's, Boys ..	No Re	turns								
,, Girls & Infants	..	..	1	3	..	..	..	..	..	4
Stoke National ..	..	..	2	6	1	..	1	..	4	14
Thomas Street ..	..	10	2	2	..	..	4	..	..	18
Public Vaccinators* ..	..	..	..	..	..	..	..	..	..	..
	25	119	205	68	41	13	63	15	4	553

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* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

The above table shows the number of notifications sent to the Medical Officer by the Head Teachers of the various schools.

As in previous years it is obvious that the number of notifications received cannot represent the extent of the infectious disease known to the Teachers.

The period of exclusion adopted is as follows :—

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox	18 days	When all scabs have fallen off.
Chicken Pox ..	18 days	” ” ” ”
Scarlet Fever ..	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria	12 days	Very variable; a medical certificate of freedom from infection is desirable.
Measles	16 days	Three weeks.
Whooping Cough ..	21 days	When the cough has disappeared.
German Measles ..	16 days	About three weeks.
Mumps	24 days	Four weeks if all the swelling has subsided.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, and Diphtheria, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease before.

No schools were closed on account of infectious disease during the year.

Chicken Pox, Scarlet Fever, and particularly Measles have been prevalent in the schools.

It is only reasonable to suppose that the loss of attendance owing to infectious disease would be considerably reduced were the staff sufficient to permit of routine visiting of the schools by a Nurse.

Children are, under the existing conditions, admitted into school whilst suffering from infectious disease.

(h) " Review of methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 *and* 1899.

(1) *Mentally Defective Children.*

Children who appear to fall under the above class are discovered during inspection or referred to the Medical Officer by the Head Teacher and in due course examined; when found suitable they are sent to the Special School for Mentally Defective Children at Wheatley Street.

Twenty-three children were certified for this school during the year. Frequent examination of the children at the school is carried out.

Seven children, after probation, were found unsuitable.

Four children were, after a period of instruction, found to be ready for re-admission to an ordinary school.

The average number on the books during the year was forty-nine, and the average attendance forty-two.

(2) *Physically Defective Children.*

Five children said to be unfit to attend school owing to physical defects were reported and submitted for examination.

In each case the physical defect was remediable, and steps were taken to see that the necessary treatment was carried out.

(3) *Blind, Deaf, or Epileptic Children, &c.*

The following is a list of children certified as suitable for various institutions during 1910:—

For National Association for Feeble Minded ...	1
For Institution for Deaf and Dumb	1
For Institution for Training and care of Mentally Defectives	1

The following cases were suitable for Institutional treatment, but for various reasons have not yet been dealt with:—

Idiot Asylum, 3; Residential School for Mentally Defectives, 2; Residential School for Epileptics, 1; Residential School for Deaf and Dumb, 1.

(*i*) "*Review of—*

(1) *The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area;*

(2) *The methods and results of physical or breathing exercises in the Schools;*

(3) *Arrangements for open-air Schools, School Camps, &c., under Article* 44 (*g*) *of the Code of* 1908."

I am not yet in a position to speak as to the methods and results under headings 1 and 2. In regard to the 3rd heading, the question of open-air schools has not been contemplated locally so far as I am aware.

(*j*) "*Account of miscellaneous work, such as the examination of scholarship candidates, pupil teachers, or teachers of any grade.*"

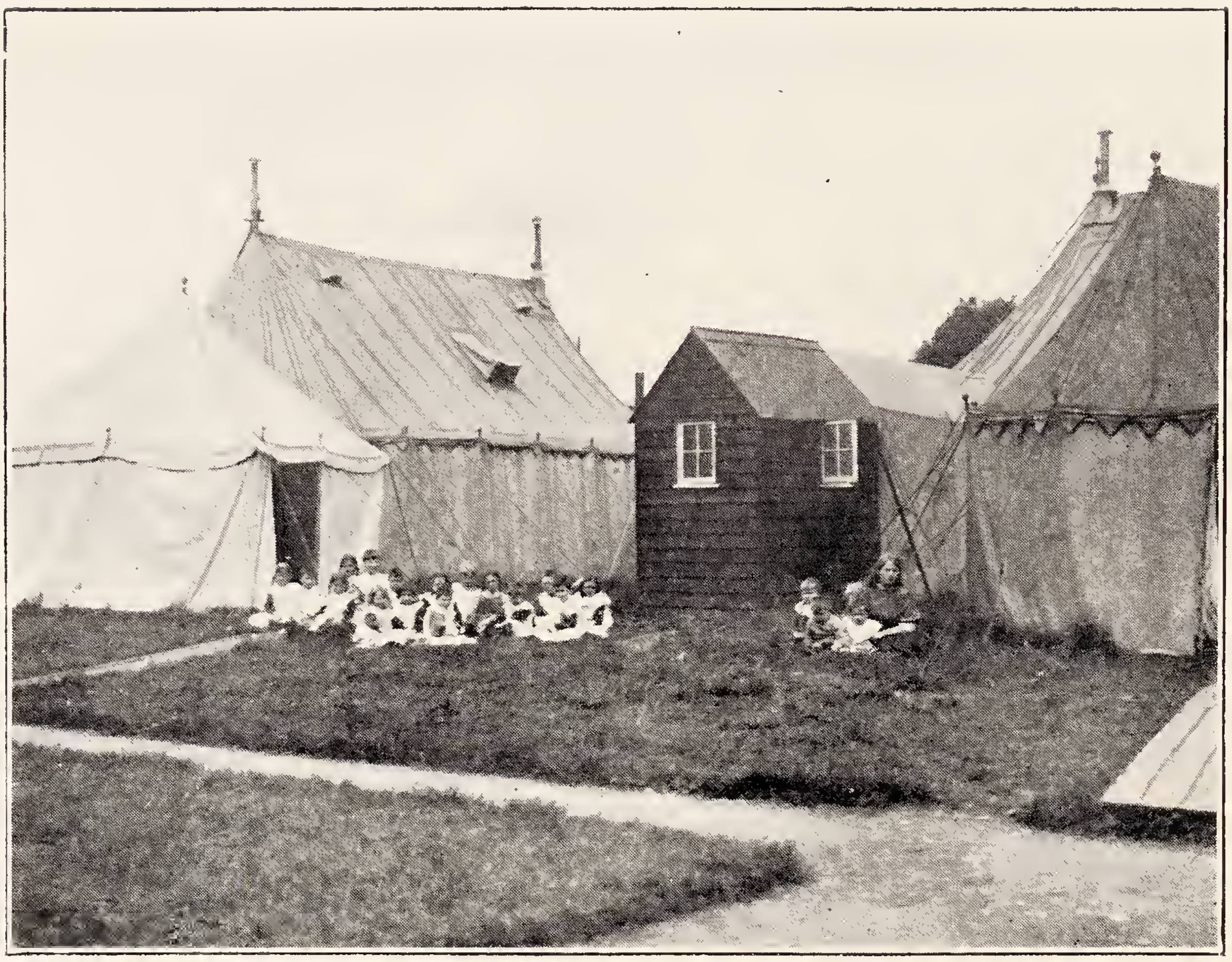
Twenty-eight Teachers, Candidates for scholarships, &c., were examined during the year.

The total number of letters and notices sent out in connection with this work was 5,553.

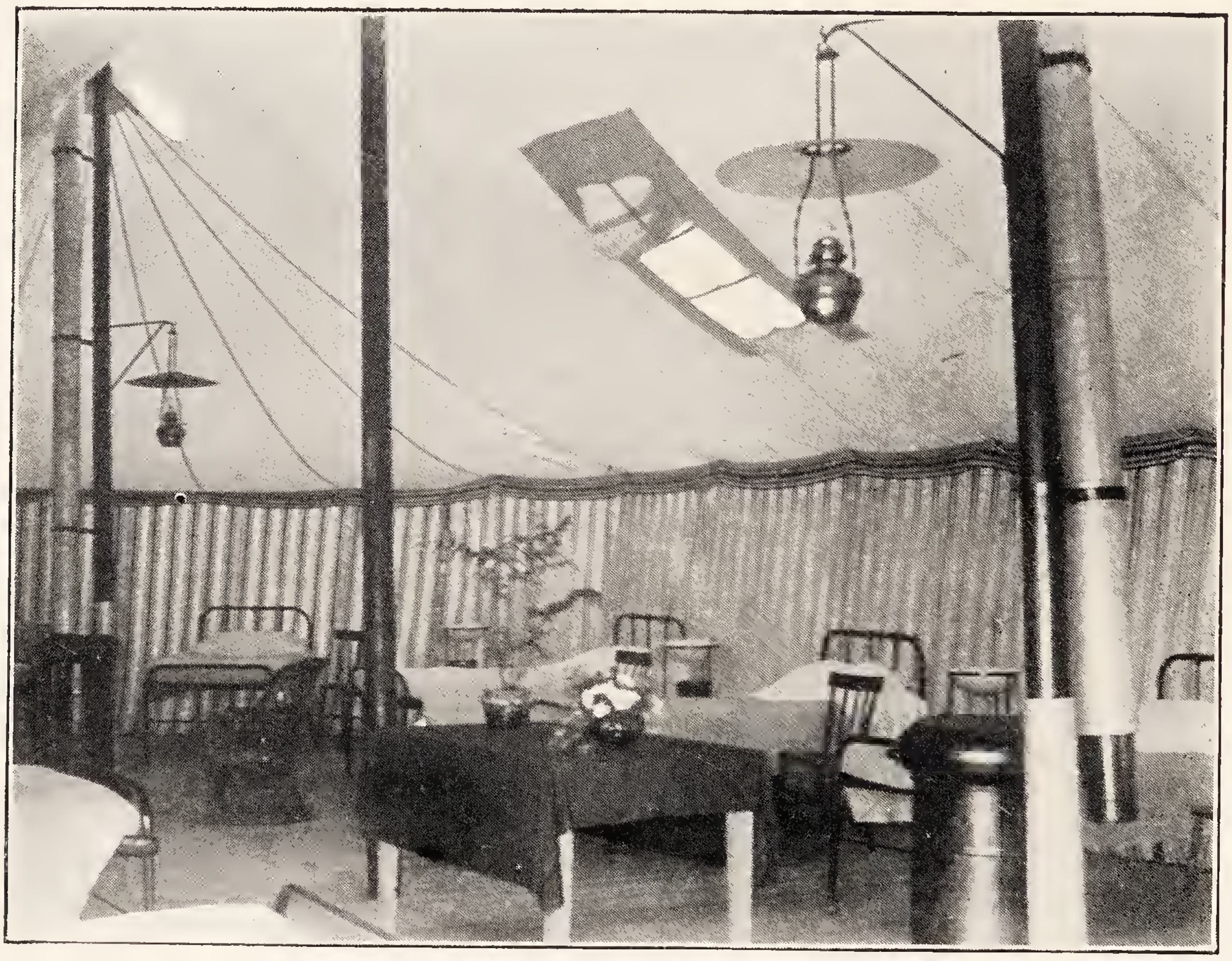
Towards the latter part of the year some saving of time was effected in certain cases by replacing typewritten letters by printed notices.

PART III.

General Sanitary Administration.



Tents at City Hospital, 1910: Exterior.



Interior view of a Tent.

The City and Pinley Isolation Hospitals.

During the year the City Hospital has been used for the isolation of Scarlet and Typhoid Fever patients, and the Pinley (Small Pox) Hospital has received 1 patient.

At the City Hospital 883 patients have been under treatment; 83 patients were remaining in at the beginning of the year, and 800 were admitted during the year; of this latter number 14 were sick staff, and the remaining 786 were patients actually admitted. The whole of these were from the City of Coventry with the exception of 12 patients who were admitted from the Meriden Rural District.

As in the previous year the City Hospital has been too small to admit all of the patients suffering from Scarlet Fever who sought admission, and by arrangement with the Foleshill Rural District Council 116 patients, suffering from Scarlet Fever, have been admitted to their Isolation Hospital at Exhall. The expense entailed to the Corporation by this arrangement is given subsequently. Of the 116 patients sent to the Exhall Hospital, 4 died, giving a fatality of 3.4 per cent.

The adjoining table sets out the particulars of admission to, and discharges from, the City Hospital during the year.

DISEASE.	In Hospital Jan. 1, 1910.	Admitted during 1910.	Total.	Recovered.	Died.	Remaining in Hospital Jan. 1, 1911.	Fatality per cent.
Scarlet Fever	79	767	846	729	13	104	1·5
Typhoid ,, ...	4	13	17	11	2	4	11·7
Lobar Pneumonia	..	1	1	1	..	..	..
Tubercular Peritonitis ..	..	1	1	1	..	..	..
(Admitted as Typhoid Fever in each case.)							
Bronchial Catarrh	..	1	1	1	..	..	..
Catarrh	..	2	2	2	..	..	..
Varicella	..	1	1	1	..	..	..
(Admitted as Scarlet Fever in each case.)							
Sick Staff—							
Tonsillitis	..	11	11	11	..	..	..
Cellulitis	..	1	1	1	..	..	..
Abscess behind ear	..	1	1	1	..	..	..
Needle in foot	..	1	1	1	..	..	..
	83	800	883	760	15	108	1·7
	883			883			
PINLEY HOSPITAL—							
Small Pox	..	1	1	1	..	..	..

The several parts of the Hospitals were open during the following lengths of time:—

City Hospital	North Pavilion - -	365 days.
	South ,, - -	365 ,,
	West ,, - -	365 ,,
	East ,, - -	365 ,,
	Iron Hospital - -	288 ,,
	Tents - - - -	200 ,,
	Berthon Huts - -	36 ,,
Pinley Hospital	- - - - -	21 ,,

The average period of stay of those patients who were admitted during the year to the City Hospital was 49·6 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	122	105·2	79
Pinley Hospital	1	—	—

The comparison of these figures with those of previous years is given below :—

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1902	45	35.0	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40.0	27
1907	53	31.1	15
1908	52	29.7	11
1909	88	61.0	34
1910	122	105·2	79

The number of beds for which the City Hospital is constructed is 62.

It will be seen that the Hospital has been used during the year for a very much larger number of patients than that for which it was built.

During more than half the year two large Hospital tents (which had been purchased in 1903 in connection with a Small Pox outbreak) were used for the isolation of additional cases; these provided accommodation for about 22 patients. These tents had been specially constructed for hospital purposes, with double walls, and each provided with two slow burning coke stoves. Their use was satisfactory except when some violent gales came on in the autumn, when it was considered unsafe to continue their use. At the end of the year two " Berthon " huts, each of which accommodates three patients, were purchased and continue in use.

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12
1875— 14
1876— 22
1877— 38
1878— 54
1879— 76
1880— 90
1881—156
1882— 48
1883— 34
1884— 34
1885—101
1886—111
1887—158
1888—189
1889—210
1890— 83
1891— 91
1892— 72
1893— 65
1894—355
1895—408
1896—313
1897—234
1898—283
1899—257
*1900—610
*1901—405
1902—246
1903—211
1904—278
1905—269
1906—323
1907—256
1908—244
1909—500
1910—774

* In these years the Pinley Hospital was for a time used as a Convalescent Scarlet Fever Hospital.

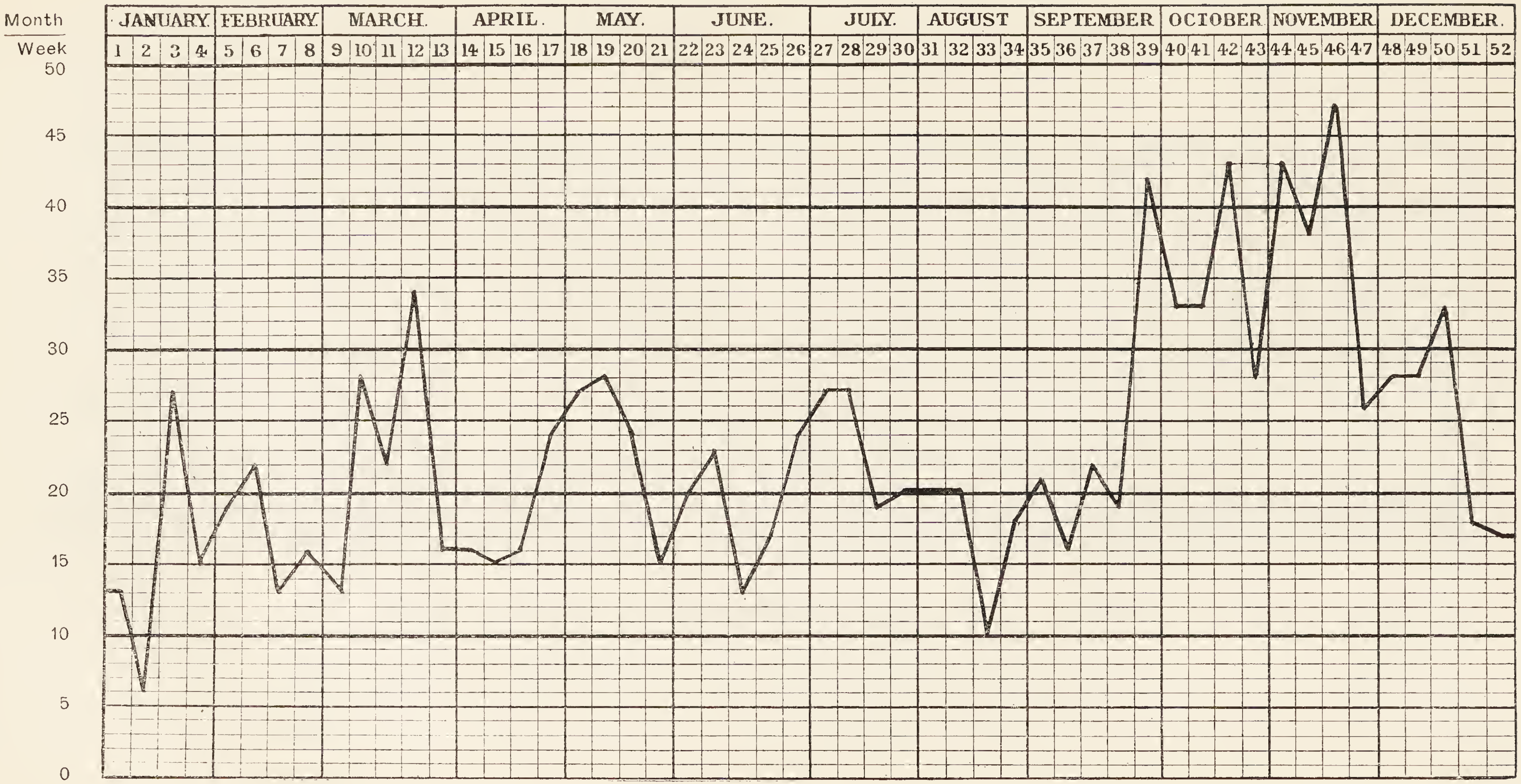
The current expenses of the City Hospital during the last financial year, ending March 31st, 1910, amounted to £3106 19s. 0d.; those for the Pinley Hospital to £126 4s. 7d.

The character of these expenses is set out below:—

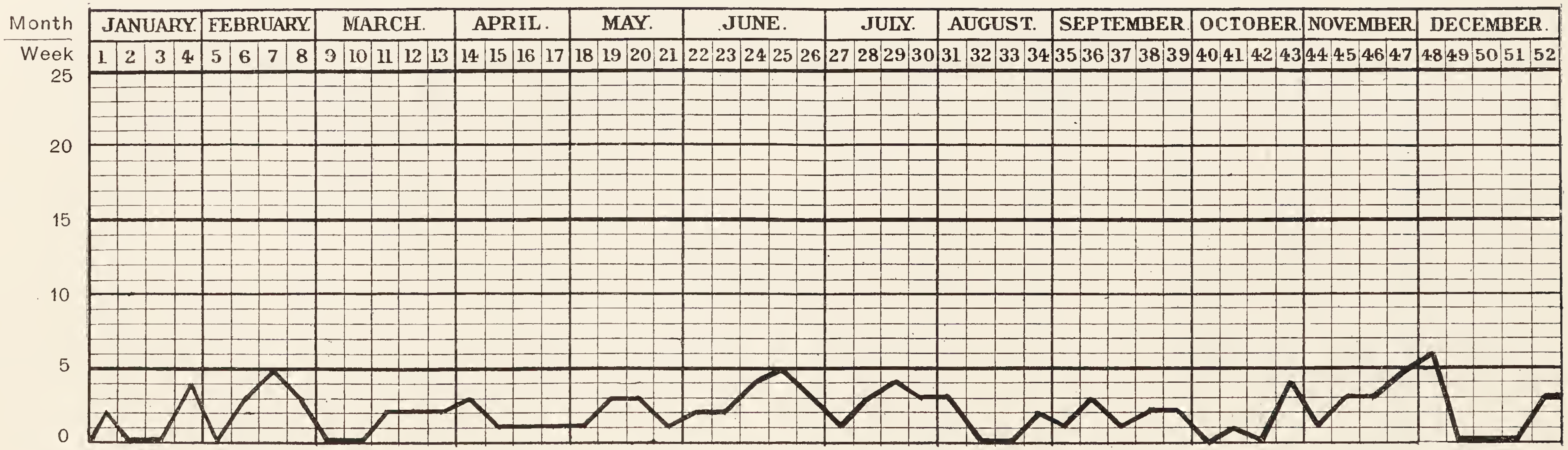
City Hospital:—	£	s.	d.
Acknowledgments ..		10	0
Rates, Taxes, & Insurances	171	19	10
Repairs to Roads ..	25	11	8
Alterations, Repairs, Furniture, etc ..	350	10	3
Shrubs and Seeds ..	5	0	0
Telephone	6	5	0
Provisions	833	7	4
Drugs and Appliances ..	82	1	9
Drapery	106	10	8
Fuel and Lighting ..	421	15	7
Ironmongery, etc. ..	70	13	10
Carriage	1	8	11
Disinfectants	16	7	6
Stationery, Printing, and Advertising	29	17	11
Temporary Medical Attendance at Hospital	35	19	0
Medical Officer, Salary as Medical Attendant at Hospital	150	0	0
Wages of Matron and Staff	745	4	11
Wages of Temporary Nurses	43	14	10
Matron, Disbursements ..	10	0	0
	£3106	19	0
To Fees for Maintenance of Patients	144	16	0

Pinley Hospital:—	£	s.	d.
Fuel and Lighting ..	6	17	4
Rates, Taxes, & Insurance	16	2	9
Ironmongery, etc. ..	3	13	8
Repairs, etc.	17	1	7
Telephone	11	0	0
Seeds, etc.	2	8	0
Wages of Staff	69	1	3
	£126	4	7

SCARLET FEVER, 1910.



DIPHTHERIA, 1910.



The current quarterly expenses of the two hospitals in 1910 were as under :—

	City Hospital. £	s.	d.	Pinley Hospital. £	s.	d.
1st Quarter -	735	8	5	5	17	0
2nd Quarter -	806	10	10	23	3	7
3rd Quarter -	455	1	3	16	19	4
4th Quarter -	788	17	7	5	16	3
	£2,785	18	1	£51	16	2

During the same time the sum of £144 16s. was received on account of the admission of patients to the City Hospital from outside districts.

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 14s. 4¾d. per head per week.

The average sum expended per week during the year for diet amounted to £20 5s. 5d. ; this divided among the average number of patients and boarded staff, comes to 3s. 0¾d. each per week, or the cost of diet for each boarded person was 5¼d. per day.

A further sum of £1,444 1s. 3d. was expended on the maintenance and medical treatment of the 116 patients in the Exhall Hospital.

During the year plans have been approved and have been sanctioned by your Council for the extension of the Hospital by the addition of a pavilion with four wards, together accommodating 40 patients ; the plans also include the necessary extensions of the administrative block which will be required for the additional staff.

Disinfecting and Ambulance Station,

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station :—

Visits paid to houses where infectious disease was suspected or notified—2,808.

Patients removed to the City Hospital—774.

Patients removed to the Pinley Hospital—1.

Patients removed to Exhall Hospital—116.

Houses disinfected by fumigation or spraying—976.

Steam disinfecting apparatus used 300 times.

Articles disinfected by steam—18,761.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

In order to show how the work of this Station varies from year to year, I have made a summary of it for the past ten years in tabular form.

Years.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Visits paid to Houses where Infectious Disease was suspected or notified	2859	1517	895	1093	1216	1333	1235	1311	2364	2808
Patients removed to Hospital	404	246	210	236	241	295	229	235	591	890
Houses disinfected by fumigation or spraying	950	436	409	976	557	565	409	423	722	976
Steam disinfecting apparatus used ..	293	287	217	255	249	270	260	270	325	300
Articles disinfected by steam	17111	12047	9250	10311	11580	15023	13235	13491	15132	18761

My last annual report foreshadowed the fact that the increase in this work would probably before long necessitate the reorganisation of the staff; during the writing of this report this alteration has taken place. Mr. Emerson has been appointed Disinfector, and Mr. Maton, Assistant Disinfector and Ambulance Attendant. The former Disinfector, Mr. Preedy, has been given a minor post as sub-Assistant Inspector in the Health Department.

The Need of a Public Mortuary.

During the year plans have been approved for the erection of a Mortuary on the site in the rear of the Fire Station; these plans have passed your Council, and, at the present time, await the approval of the Local Government Board.

Lavatory Accommodation for Women.

Attention has been called during the year by certain Societies such as the Royal Sanitary Institute and the Women's National Health Association of Great Britain, and others, to the importance of the provision of free lavatory accommodation for women.

At the fourth Annual Nursing and Midwifery Conference and Exhibition held at the Horticultural Hall, London, April, 1910, under the patronage of H.R.H. The Princess Christian of Schleswig-Holstein, the following resolution was unanimously carried :—

"That this meeting supports the opinion that there is urgent need for improved free lavatory accommodation for women throughout the country; the present system of exacting fees from women for a necessity allowed freely to men being a disgrace to modern civilization."

A moment's consideration given to this question is sufficient to make it clear that local authorities have been slow in recognising its necessity; whereas free and ample accommodation is usually provided in up-to-date towns for men, only very scanty accommodation is provided for women, and that is generally not free. Possibly one explanation of this condition of affairs may be found in the fact that those who are injured by it are reluctant to raise the question. Now that attention has been directed to it by certain important Societies, possibly something may be done.

Pauperism.

Mr. Arch, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

Number of inmates of Workhouse at end of year 1910	540
Average number of inmates for previous five years ...	558
Number of persons who received outdoor relief in 1910	926
Average number of persons who received out-door relief in previous five years	765

	£	s.	d.
Actual expenditure in out-door relief in 1910...	2,996	8	10¾
Average yearly expenditure in out-door relief in previous five years	2,546	17	10
Increase on the average expenditure in out-door relief	449	11	0¾

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 770 such cases have been returned. All cases of consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

Overcrowding.

Twenty-five cases of overcrowding were dealt with during the year. The following are samples taken, without selection, to illustrate the kind of case dealt with.

(1) The house contained one living room and one bedroom; it was occupied by a man, his wife, and four children, of ages varying from 5 to 14 years.

(2) The house contained one bedroom and one living room; the cubic capacity of the former was 1,584 feet; the occupants were a man, his wife, two daughters, aged 19 and 4 years, and four sons, aged 18, 16, 10, and 7 years.

(3) The house contained one bedroom and one living room; the cubic capacity of the former was 1,584 feet; the occupants were a man, his wife, and 7 children, of ages varying from six months to 15 years.

(4) The house consisted of one bedroom and one living room, occupied by a man, his wife, and three children, also one woman lodger and her child; the cubic capacity of the bedroom was 1,568 feet.

Housing of the Working Classes Acts.

The following table summarizes the action which has been taken under Part II. of this Act, and the results which have followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improvement.	Back-to-back Houses made through-ventilated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	...
1902	43	23	12	8	...
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	...
1908	31	23	...	2	...
1909	40	12	24*	1	...
Total ...	588	268	182	35	68

* 13 closed by Magistrates' Order. 11 Voluntarily closed.

HOUSING AND TOWN PLANNING ACT, 1909.

The Housing and Town Planning Act of 1909 came into force during the year. My report for 1909 contained a summary of the principal provisions of this Act, and a report on it by the Town Clerk. In September, 1910, the Local Government Board issued Regulations under the Act relating to the systematic inspection of houses. On November 17th, 1910, I submitted the following report to your Sanitary Committee concerning these Regulations :

Regulations made by the Local Government Board regarding Housing Inspection.

To the Sanitary Committee.

The order of the Local Government Board, dated September 2nd, 1910, has already been officially notified to your Committee.

The Order is one which is of considerable moment. It places on your Committee and on your Health Department duties in connection with house inspection, which, if properly carried out, will add very materially to the labours of your Committee and of your Department. It is on this account, therefore, that I think it well to make a report on this Order, and to bring its requirements specifically to your notice.

At the time of the passing of the Act an amendment was pressed which would have made it compulsory on each local authority to make a systematic sanitary examination of every house in its area once every five years. This was opposed by the Board. And as the Act now stands (Section 17, Sub-Section 1) it is " the duty of every local authority . . . to cause to be made from time to time inspection of their district with a view to ascertaining whether any dwelling house therein is in a state so injurious to health as to be unfit for human habitation, and for that purpose it shall be the duty of the local authority and of every officer of the local authority to comply with such regulations, and to keep such records as may be prescribed by the Board."

The present Order is an outcome of this Sub-Section.

Instead of a general examination at definite intervals as was suggested, the Act provides for indefinitely extensive inspections at indefinite periods of time.

. . . .

Your Committee will see from the Order that the following points need attention :—

1. It is necessary for your Committee to determine the procedure to be adopted under the Regulations to give effect to the requirements of Sub-Section (1) of Section 17 of the Act.

2. This involves the making of provision for a " thorough inspection to be carried out from time to time according to the varying needs or circumstances of the dwelling houses or localities in the district."

3. Your Committee have to order that the Medical Officer of Health, or some other officer acting under his direction and supervision, shall prepare " from time to time " a list of dwelling houses, the early inspection of which is, in the opinion of the Medical Officer of Health, desirable. Or if thought fit this list

may be replaced by a defined area without specifying each house separately.

4. The Board specify in the Order the matters concerning which a report should be obtained on each house inspected.

These are as under :—

(1) The arrangements for preventing the contamination of the water supply.

(2) Closet accommodation.

(3) Drainage.

(4) The condition of the dwelling house in regard to light, the free circulation of air, dampness, and cleanliness.

(5) The paving, drainage, and sanitary condition of any yard or outhouses belonging to or occupied with the dwelling house.

(6) The arrangements for the deposit of refuse and ashes.

(7) The existence of any room which would in pursuance of sub-section (7) of Section 17 of the Act of 1909 be a dwelling house so dangerous or injurious to health as to be unfit for human habitation.

(8) Any defects in other matters which may tend to render the dwelling house dangerous or injurious to the health of an inhabitant.

5. These records have to be kept in a book or on sheets or cards, and have to contain information concerning :—

(1) The situation of the dwelling house, and its name or number.

(2) The name of the officer who made the inspection.

(3) The date when the dwelling house was inspected.

(4) The date of the last previous inspection, and a reference to the record thereof.

(5) The state of the dwelling house in regard to each of the matters referred to in Article 11 of these Regulations.

(6) Any action taken by the Medical Officer of Health, or other officer of the local authority, either independently or on the directions of the local authority.

(7) The result of any action so taken.

(8) Any further action which should be taken in respect of the dwelling house.

6. " As far as may be necessary " your Committee has, at

each ordinary meeting, to take into consideration these records, giving such directions as may be necessary or desirable.

7. Particulars of the work done have to be included in tabular form in the Annual Report of the Medical Officer of Health.

Taking these matters seriatim, so far as any action of your Committee is now called for :—

(1), (2), and (3). It may be presumed that unless any additional or special staff should appear to you to be necessary to assist in carrying out this work, it will devolve on the present staff. In this case the systematic inspection under the Act can only be effected when other duties permit. Such "systematic" inspections as those contemplated by the Order have now been carried out in this City for many years. Our experience is that it can only be done to any extent in non-epidemic years. The information thus obtained, however, has been more than sufficient in regard to unhealthy houses; it has enabled us to obtain information about housing conditions far larger than we were able to cope with under the then existing powers. This position is now quite altered. We are not now dependent on the opinion of a variable Bench of Magistrates, with an appeal to Quarter Sessions.

Your Committee have the power of issuing Closing Orders, and the Appeal is to a responsible Government Department. The limits of your power in regard to dealing with unfit houses are only to be determined by a Board with expert sanitary advisers. The question as to whether you are behind or in advance of the requirements of that Board may speedily be determined.

In regard to the actual procedure to be adopted in the matter of the lists of houses to be prepared, your Committee will probably not consider it necessary in a town of this size to appoint a special officer for this purpose; and as all action under the Housing Acts has in the past been on the certificates of the Medical Officer of Health, you will probably think it well to direct that these lists should be prepared by him.

As already indicated, however, unless the inspectorial staff is strengthened the systematic inspection will, as in the past, be liable to be curtailed or even prevented by other more urgent work.

(4) and (5). In the matter of the particular form in which reports on these inspections are collected, your Committee will probably be willing to accept my opinion, that in my experience the card system is without equal.

For years past I have been extending this system in the Public Health Department; in any scheme dealing with large numbers of things, no other system seems possible to contemplate. In the systematic examination of school children I have found it an immense convenience. By the help of this system I was able in the course of a few years to classify the visions of over 10,000 school children, and to direct the attention of parents to those defective. No other system to me appears reasonable. I would suggest that your Committee authorize the installation of this system.

6. The requirements of the Board will be met by the periodical production of these cards at the meetings of your Committee.

7. The requirements of the Board in regard to a proper presentment of the work done under the Act appear to be sufficiently specifically defined without any resolution on the part of your Committee.

E. H. SNELL,
Medical Officer of Health.

Your Committee resolved to recommend that an additional assistant inspector should be appointed, whose special duty should be that of a systematic inspection of houses under the Act; that inspector has since been appointed, a card index of the houses inspected has been started, and it is probable that very much more will be done under the powers of this Act than was possible under the Housing of the Working Classes Act, 1890, in the way of improving the least desirable property of the City.

The following are the houses that have been dealt with during the year :—

Houses Closed by Order of the Sanitary Committee:—

No. 3 in court 10, Spon Street.
Nos. 6 and 7 in court 2, Warwick Lane.
Nos. 6 and 7 in court 41, Gosford Street.
Nos. 1, 2, 3 and 4 in court 3, Fleet Street.
No. 6 in court 4, Fleet Street.

No. 8 in court 13, Spon Street.
Nos. 3, 4, 5, 6 and 7 in court 1, Thomas Street.
Nos. 1, 2, 3, 4, 5, 6 and 7 in court 1, Cook Street.
No. 21, Leicester Street.
Nos. 1, 2 and 3 Leicester Cottages, Leicester Street.

Unfit Houses Improved:—

Nos. 53, house at rear, and 56, Grey Friars' Lane.
No. 7 in court 4, Well Street.
No. 8 in court 13, Spon Street.

House Accommodation.

On October 18th I reported on this question to your Sanitary Committee as follows:—

Since your last meeting the Health Department has made an enumeration of the unoccupied houses in the City; the following are the figures obtained and also those of the previous year for comparison.

It will be seen that in spite of the enormously rapid building of houses that has recently occurred, the number of empty houses is less than one-half of those existing in 1909:—

	1910.	1909.
Houses of £20 per year and upwards	53	115
Houses of 5/6 to 7/6 per week	50	93
Houses of 2/6 to 5/- per week	26	65
Houses under 2/6 per week	0	0
	129	273

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 10 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4 (including 2 Addit'ns)	35	1536
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477

BUILDINGS COMPLETED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2 (Addit'ns)	0	746
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1*	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1103

* Sunday School.

Registered Places.

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

SLAUGHTER-HOUSES.

Number of Slaughter-houses in use December, 1909	52
,, ,, ,, ,, ,, 1910	51
,, ,, ,, discontinued during the year and now used for purposes other than slaughtering	1

Number of changes of occupancy	6
,, ,, annual licences renewed	7
,, ,, applications for fresh licences	0
,, ,, visits	1887
,, ,, contraventions observed	34
,, ,, notices issued	5

The contraventions related to the following matters, viz. :—Cleansing and limewashing walls 4, repaving and cleansing floors 12, and non-removal of offal and insufficient receptacles 18.

In one instance, the occupier of a slaughterhouse was cautioned by the Sanitary Committee for non-compliance with the bye-law relating to the removal of offal and the provision of sufficient receptacles to receive the refuse products of slaughtering.

Notifications were received from 49 butchers, using 35 slaughter-houses, concerning the carcases of 185 animals that were found, after slaughter, to be diseased or unsound; the meat surrendered and destroyed in connection with these notifications amounted to 8,636 lbs., and was as follows :—Beef 7,134 lbs. (of which 4,923 lbs. were tuberculous); Mutton 436 lbs., and Pork 1,000 lbs. (of which 376 lbs. were tuberculous).

In addition to the above the head and tongue of a bullock affected with Actinomycosis was seized after it had been sold, and this was destroyed by order of a Justice. Magisterial proceedings were subsequently instituted under Section 28 of the Public Health Acts Amendment Act, 1890, for having sold diseased meat, the defendant being fined £10 and costs; 28 days in default. One peculiar feature of this case was the undue haste in which the head and tongue were exposed for sale and sold to a customer, viz., within two hours after the beast was slaughtered.

OTHER UNSOUND FOOD.

One carcase of mutton, 28 rabbits, and 140 lbs. of frozen liver have been surrendered and destroyed with the owners' consent.

A small quantity of unsound meat exposed for sale by a colonial meat salesman was seized and destroyed by order of a Justice. Magisterial proceedings were instituted, the defendant being fined £20 and costs, in default two months imprisonment.

A seizure of unsound bacon deposited for sale at an auction room resulted in the owner being fined £10, and costs, £2 2s., in default 28 days.

The total amount of meat surrendered amounted to 8,872 lbs., and the total seized 147 lbs.

THE QUESTION OF A PUBLIC ABATTOIR.

This matter advanced slightly during the year, in that in January the Sanitary Committee came to a conclusion in regard to the appropriateness of a particular site for this purpose. They provisionally offered a certain sum for that site, which offer was accepted. They also appointed a small deputation to visit the public abattoir at South Shields. The Sub-Committee dealing with this matter instructed the City Engineer to prepare plans for the erection of an abattoir on the site selected, and gave certain instructions in regard to its extent.

DAIRIES, COWSHEDS, AND MILKSHOPS.

COWSHEDS.

Number of cowsheds on Register, December, 1909	18
,, ,, ,, ,, ,, 1910	18
,, ,, cowkeepers who have ceased to keep cows during year	2
,, ,, cowkeepers added to the Register ...	2
,, ,, cowsheds in use, December, 1909 ...	31
,, ,, ,, discontinued during year ...	2
,, ,, notices received of intention to use buildings as Cowsheds	4
,, ,, cowsheds in use, December, 1910 ...	33
,, ,, visits during the year	179
,, ,, contraventions observed	19

The contraventions related to—insufficient air space 1, accumulation of manure near cowsheds 5, defective and dirty condition of floors 5, limewashing not carried out at specified times 8.

MILKSHOPS.

Number of names on Register, December, 1909 ...	303
,, ,, ,, added to Register during year ...	54
,, ,, ,, removed from Register during year	23
,, ,, ,, on the Register, December, 1910	334
,, ,, visits	444
,, ,, contraventions observed	34

The contraventions related to :—

Milk stored in unsuitable places	24
,, stores requiring limewashing	3
,, stores insufficiently ventilated	2
,, sellers not registered	5

TUBERCULOUS MILK.

The Milk Clauses of the Corporation Act, 1900, give the Corporation power to take samples of milk with a view to determining whether they are likely to cause Tuberculosis or not, and if examination of them proves that there is a likelihood, we have power to examine the cows of a farm where the milk comes from, with the assistance of a Veterinary Surgeon, to ascertain, if possible, which cow is at fault. We have this power whether the farm is situated inside or outside the City.

Sixty-two such samples have been taken during the year; fifty were original samples of mixed milk from different purveyors; forty-five of these were found to be free from tubercle bacilli, and five had tubercle bacilli. The other twelve samples were taken in following up and tracing the source of the tubercle in the contaminated milks, or were samples from individual cows. The majority of the samples were from milks derived from outside the City. The particulars of the following up of the tuberculous samples were as follows :—

Sample No. 5. This was taken on February 16th, from a Coventry milkseller named A., shortly after it had been delivered by a farmer named B., of Corley. On it being found that living tubercle bacilli were present, on March 21st, Mr. Clarke, accompanied by Mr. Dale, visited Corley, and after Mr. Dale had examined the udders of 22 cows, Mr. Clarke obtained a sample of milk from a dun-coloured cow whose udders were knotty and indurated, one quarter being dry. (*Sample No.* 10). No tubercle bacilli were found in this specimen. There was, however, also a second suspicious cow (a red and white cow) which at that time was dry, but the udders were found to be indurated, and the glands knotty. There was a third somewhat suspicious cow (a black cow). On receipt of the result of the examination of sample No. 10, Mr. Clarke visited Corley on March 30th, and obtained a sample of mixed milk from all the cows except the three cows mentioned above. This specimen (*Sample No.* 14) showed no living tubercle bacilli. The farmer informed Mr. Clarke that he proposed to dispose of the three cows referred to, but would notify him in due course as to how he disposed of them; this information he gave on April 26th. One of these cows was sent to Birmingham for slaughter, but it was not possible to ascertain with certainty, on enquiry, whether this was tuberculous or not; the other two cows were purchased for stores.

The result of this action was that for a time the milk from this farm was rendered non-tuberculous.

(In regard to the condition of the cowsheds at this farm, Mr. Clarke noted that they were in a fairly clean condition, this being due to some extent to the well-paved floors, the proper length of the standings, and the provision of a good wide channel for the droppings and urine. There were three cowsheds in use, two for milking cows, and one for stores. These cowsheds were constructed of brick walls and tiled roofs; lights were obtained from skylights and windows, and ventilation by means of ridge ventilators and window openings; there was, however, a large accumulation of manure, 6 feet high, within 8 feet of the front of these cowsheds).

Sample No. 13 was obtained on March 20th, as delivered by C. to D., milkseller. C.'s farm is at Bell Green. The result of the examination showed that living tubercle bacilli were present. On April 25th an order was obtained from a Justice for examining the cows, and Mr. Clarke, accompanied by Mr. Dale, visited C.'s farm at Bell Green. Mr. Dale examined the udders of 37 cows, and suggested that samples should be taken from the following cows:—

First, an aged red coloured cow with an enlarged udder. (*Sample No.* 15).

Secondly, a roan coloured heifer. (*Sample No.* 16).

These were taken, and Mr. Clarke requested C. to discontinue mixing the milk from the red cow with other milk sent into Coventry, also to use a separate pail for milk from this cow, and to scald the milk before giving it to the pigs.

On May 24th the result of the examination showed that Sample No. 15 contained living tubercle bacilli, and that Sample No. 16 did not.

On May 26th Mr. Clarke visited C.'s farm, and arranged for the red cow not to be milked again. C. promised to turn this cow out to grass for a month, and to notify the Health Department before disposing of it. Since then the animal has been slaughtered, found generally tuberculous, and the whole carcase condemned. On June 1st the farm was again visited, and Sample No. 17 was taken, of mixed milk from the remaining 36 cows; the result showed that the milk was now non-tuberculous. C. stated that the old red cow was entirely dry, and would not be milked again.

The report of the condition of the cowsheds was as follows :—

(1) "Large shed with standings for 16 cows. This shed is of recent construction; it is well ventilated, and provided with plenty of light and air space, also a feeding passage at the front of the cows. The floor is well paved, and provided with a proper channel for the droppings and urine.

(2) Small shed with standings for two cows and one bull. This shed is old and dilapidated, and is not provided with sufficient light, air space, or ventilation.

(3) Small shed with standings for two cows. This shed is old and dilapidated.

(4) Small shed with standings for five cows. This shed is old and dilapidated, and is not provided with sufficient light, air space, or ventilation.

(5) Long shed with standings for 10 cows. This shed is too narrow, not allowing a sufficient passage between the rear of the cows and the side of the shed.

(6) Small shed with standings for two cows. Light and ventilation insufficient.

The floors of sheds Nos. 2, 3, 4, 5, and 6 are very defective, and owing to the absence of a proper channel at the rear of the cows to receive the droppings and urine, the cows' udders and flanks cannot be kept clean.

At the date of my first visit in March, the sheds required limewashing; on June 1st I noticed this matter had been remedied.

There was also a large accumulation of manure in the yard in close proximity to shed No. 5."

The foregoing report concerning the condition of the cowsheds was forwarded by your Sanitary Committee to the Foleshill Rural District Council, and improvements were subsequently effected in the sheds.

The cows belonging to one milkman were of an exceptionally unthrifty character, and, on this account, samples were taken, and two out of the eight cows were found to be giving tuberculous milk. So far as can be ascertained one of these was sold at Warwick, and subsequently offered for sale at Knowle and not sold. We were informed that it was then sent to the Birmingham Market, where it was slaughtered, condemned, and afterwards destroyed. The other cow appears to have been sold at the Rugby Market to a Leicester butcher, and subsequent enquiries proved unsatisfactory as to the identity.

The last instance in which a mixed sample gave living tubercle bacilli proved to be due to one cow which was identified and disposed of, but it was difficult to follow up its after history.

The present position in regard to following up cows suspected to be suffering from Tuberculosis is very unsatisfactory. The examination of the milk for tubercle takes from two to four weeks, and the owner of the cow can, in the meantime, dispose of it without our knowledge. Some good is, however, effected by rendering the milk for the time free from tubercle.

COMMON LODGING-HOUSES.

There were three Common Lodging Houses in the City in January, 1910; during the year the Inspectors paid 143 visits to these, and 10 contraventions were observed; 5 of these related to foul w.c.'s, three to the dirty condition of floors, one to overcrowding, and one to the fact of the absence of the keeper from the premises between the hours of 9 p.m. and 6 a.m., contrary to the Corporation Act, 1900. A caution was sent to the keeper by the Sanitary Committee in regard to this last. Magisterial proceedings were instituted against the keeper of one Common Lodging House for using two bedrooms for more persons than expressed on the tickets affixed in each room. The case was dismissed on payment of costs, 10s.

The keeper of one Common Lodging House was cautioned by your Sanitary Committee for using accommodation at the lodging house not registered as a part of the house to be used for lodgers. An application that that part should be registered was refused on the ground of the inadequacy of the sanitary conveniences.

Two applications for the registration of certain premises as Common Lodging Houses were refused by your Committee.

MUNICIPAL COMMON LODGING HOUSE.

To the Abattoir Sub-Committee is referred the question of preparing a scheme for a Municipal Common Lodging House, and during the year a scheme was prepared suitable for a proposed site in Cook Street. The site was an awkward one, and correspondingly constricted the adaptability of the building, and, as a result, the Sub-Committee resolved to abandon the proposed site, it being thought possible that some more suitable situation might arise when Leicester Street is widened.

It should be added that there is a very great demand for common lodging house accommodation. There are only three common lodging houses.

For a number of years past your Sanitary Committee has refused to register any further common lodging houses until the question of the erection of a Municipal Common Lodging House has been dealt with, and in order that that question should not be subsequently complicated by having registered a number of similar lodging houses which, under the existing law would be, when once registered, always registered. In consequence of this position, and as a result of the great demand for accommodation of this kind, a considerable number of houses—especially old public-houses which have lost their licence—are, we know, being used as common lodging houses without being registered, and without having the supervision that they would have under the bye-laws relating to these houses.

It is desirable that this question should not be indefinitely postponed.

HOUSES LET IN LODGINGS.

Number of houses on the register, December, 1909	21
,, ,, ,, added to the register during year	4
,, ,, ,, removed from the register during year	5
,, ,, ,, remaining on the register, Dec., 1910	20
,, ,, visits during the year	260
,, ,, contraventions observed	43
,, ,, notices and letters issued to remedy same	30

The contraventions related to:—

Insufficient W.C. accommodation	7
Foul and defective W.C.'s and urinal	8
Dirty and defective floors	13
Limewashing walls and ceilings	8
Insufficient ventilation	4
Defective pavement and absence of dust bins ...	3

Offensive Trades.

HIDE, SKIN, AND FAT STORES.

An application was received during the year for permission to use a shed and yard in Palmer Lane as a hide, skin, and fat store; a deputation from the Sanitary Committee visited the premises, and considered them unsuitable for this purpose. Another application from the same firm concerning other premises was granted for a period of one year.

There are now three places in the City with annual permits for carrying on this particular business.

TRIPE BOILING.

An application was received concerning the starting of the trade of a tripe boiler at certain premises; this application was subsequently withdrawn.

OTHER PREMISES.

It has previously been reported that complaints have been received concerning smells arising from a certain factory; considerable structural alterations have been effected at this factory with a view to dealing with the fumes arising from the chemicals used, and I am informed that considerable success has been met with in diminishing the odours complained of.

Smoke Abatement.

Inspector Clarke reports as follows:—

Number of occasions black smoke was found to be emitted from factory chimneys ...	53
Number of special observations ...	11
Number of chimneys found to be emitting black smoke in such quantities as to be a nuisance	21
Number of letters sent	2
Number of notices served	14
Number of cautions to stokers	22

In most instances it was found that the excessive smoke observed to be emitted was preventable.

Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows :—

During the past year, 247 samples of food and drugs were submitted to the Public Analyst, who certified 236 as genuine and 11 adulterated.

The total figures show a percentage of 4·5 of adulterated samples.

The samples were collected in the following manner : Formal samples 25 ; preliminary samples 222 ; and included new milk 146, butter 63, lard 15, whisky 4, cod liver oil 4, and one each of condensed milk, cream, tea, bread, sausage, arrowroot, marmalade, ground ginger, pepper, mustard, sweets, cream of tartar, olive oil, camphorated oil, and sweet spirit of nitre.

Of the 146 samples of milk, nine were more or less adulterated. Three contained added water and six were deficient of fat.

With two exceptions, all the samples of butter were found to be genuine. In the two cases referred to, "butter" was asked for, but "overweight margarine" was supplied in the regulation margarine wrapper.

In compliance with the Margarine Act, 1887, and the Sale of Food and Drugs Act, 1899, one application has been received to register premises wherein the business of a wholesale dealer in Margarine was carried on. A certificate was issued and a copy forwarded to the Board of Agriculture.

The nature of each article and the analytical results will be found on pages 170-171 in the Summary of Samples submitted.

Factory and Workshop Act, 1901.

Section 132 of this Act is as follows :—"The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

Two references were received from H.M. Inspector, and after being dealt with, a report to this effect was forwarded to him. Six other references were also received from H.M. Senior Lady Inspector.

These references are set out below:—

March 25th—Workshop.

"Workshop requires limewashing and walls are dirty."

Observations.

Ceilings limewashed and walls coloured.

October 19th—Workshop.

"Sanitary accommodation defective and used by both sexes."

Observations.

Separate w.c. provided and existing w.c. repaired.

August 29th—Factory.

"No bolt on door of sanitary convenience."

Observations.

Occupier promised to provide bolt.

September 8th—Factory.

"No bolts on some of the doors of sanitary conveniences and no doors to some of the sanitary conveniences."

Observations.

Occupier promised to give these matters consideration.

September 8th—Factory.

"No bolts on doors of sanitary conveniences."

Observations.

Occupier promised to give these matters consideration.

September 8th—Factory.

"No bolts on doors of sanitary conveniences."

Observations.

Occupier promised to give these matters consideration.

October 12th—Factory.

"Sanitary conveniences opens directly into workroom. Flush of water insufficient."

Observations.

Structural alterations under consideration.

October 12th—Factory.

"Sanitary convenience open directly into workroom. No intervening ventilated space."

Observations.

Structural alterations under consideration.

Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES .. .. (Including Factory Laundries.)	160	17	..
WORKSHOPS .. .. (Including Workshop Laundries.)	941	60	..
WORKPLACES .. .. (Other than outworkers premises included in Part 3 of this Report.)	178	40	..
TOTAL	1279	117	..

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector	
*Nuisances under the Public Health Acts:—**				
Want of cleanliness	137	135	..	..
Want of ventilation	16	15	..	..
Overcrowding	..	..	..	..
Want of drainage of floors	..	..	..	..
Other nuisances	96	94	..	..
Sanitary accommodation insufficient	6	5	..	..
unsuitable or defective..	35	35	..	..
not separate for sexes ..	..	..	..	..
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (S. 101)..	..	..	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	22	22	..	..
Other offences .. .. (Excluding offences relating to outwork which are included in Part 3 of this Report.)	..	..	..	..
Total	312	304	..	..

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* Including those specified in Sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

3.—HOMEWORK.

NATURE OF WORK.*	Outworkers' Lists, Section 107. Lists received from Employers. Sending twice in the year. Lists.†	Sending twice in the year. Outworkers.† Contractors	Sending twice in the year. Outworkers.† Workmen.	Sending once in the year. Lists.	Sending once in the year. Outworkers. Contractors	Sending once in the year. Outworkers. Workmen.	Addresses of Outworkers.§ Received from other Councils.	Addresses of Outworkers.§ Forwarded to other Councils.	Notices served on Occupiers as to keeping or sending lists.	Prosecutions. Failing to keep or permit inspection of lists.	Prosecutions. Failing to send lists.	Inspections of Outworkers' premises.	Outwork in Unwholesome Premises, Section 108. Instances.	Outwork in Unwholesome Premises, Section 108. Notices served.	Outwork in Unwholesome Premises, Section 108. Prosecutions.	Outwork in Infected Premises, Sections 109, 110. Instances.	Outwork in Infected Premises, Sections 109, 110. Orders made (S. 110).	Outwork in Infected Premises, Sections 109, 110. Prosecutions (Sections 109, 110).
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11	12.	13.	14.	15.	16.	17.	18.	19.
Wearing Apparel—																		
(1) making, &c.	10	8	16	1	..	6	5	46	..	..	..	46	6	..	..	..	..	..
(2) cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Artificial Flowers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nets, other than wire nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sacks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Furniture and Upholstery ..	2	2	30	..	..	..	..	2	..	..	..	55	3	..	..	..	..	..
Fur pulling	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feather Sorting	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Umbrellas, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carding, &c., of Buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paper Bags and Boxes ..	2	..	21	..	..	..	..	2	..	..	..	30	1	..	..	..	..	..
Basket Making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brush making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Racquet and Tennis Balls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuffed Toys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
File making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Electro-Plate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cables and Chains	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anchors and Grapnels ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cart Gear	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Locks, Latches and Keys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pea Picking	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	14	10	67	1	..	6	5	50	..	..	..	131	10	..	..	..	..	..

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* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list is included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers are assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote is added to show that this has been done.

† The figures in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 are (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer, the same outworker's name will often be repeated.

§ In view of the wide discrepancies found to exist between the totals in the two columns when the returns are added together, it is desired that care may be taken to give exact figures. Only those addresses are counted which have actually been received from or forwarded to other Councils during the year covered by the report.

4.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.	Number.
Bakers	111
Confectioners	5
Watch Makers	100
Dressmakers	114
Tailors	40
Boot Makers and Repairers	61
Milliners	41
Joiners and Carpenters	15
Cabinet Makers	7
Cycle Repair Shops	7
Ironmongers and Smiths	13
Plumbers and Painters	8
Gas Fitters and Bellhangers	2
Pattern Makers and Brassfounders	1
Saddlers	6
Tinworkers	5
Picture Framers	3
Laundries	6
Box and Bag Makers	1
Printers and Bookbinders	2
Card Stampers	2
Engravers, etc.	2
Marine Store Dealers	3
Coach Builders and Wheelwrights	10
Various	30
Total number of workshops on Register	595

5.—OTHER MATTERS.

Class.		Number.
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133)		0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	Notified by H.M. Inspector	8
	Reports (of action taken) sent to H.M. Inspector	8
Other		0
Underground Bakehouses (S. 101) :—		
Certificates granted during the year		0
In use at the end of the year		0

BAKEHOUSES, 1910.

Number on Register, January, 1910	107
,, ,, December, 1910	111
,, discontinued to be used during the year ..	0
,, of new bakehouses opened	4
,, ,, changes of occupancy	8
,, ,, visits	260
,, ,, contraventions observed	38
,, ,, ,, remedied	36

The Contraventions related to :—

Lime-washing	11
Defective floors	4
Defective yard pavement near bakehouses	2
Stable manure in close proximity to bakehouses	12
Floors in dirty condition	4
Bakehouse not in a sanitary condition ...	1
Defective rain-spouting on bakehouse ..	1
Defective water-closets	2
Accumulation of refuse	1
Total ...	38

One new bakehouse has been erected and opened, the plans of which were examined in 1909.

During the year 1910, plans have been examined for additions to three bakehouses, and for the erection of three new bakehouses, one of which has been erected and opened, the other two being now in course of erection.

In two instances, existing buildings have been converted into bakehouses.

WORKPLACES.

In addition to the visits to workshops and bakehouses already recorded, 270 visits have been made to 121 workplaces, which included kitchens, basements, cellars, and places where cooked meat, sausage, ice-cream and other food was prepared for sale, particular attention being paid to the pavement, drainage, lighting, ventilation, cleanliness, and the immediate removal of refuse products.

In 116 instances the premises were found to be unsatisfactory. Notices (49) and verbal requests have effected improvements in each case.

HOMEWORK.

Visits have been paid to Out-workers by the Health Visitors; these visits have numbered 131. In most cases the work has been found to be carried on under good and healthy conditions; a few of the houses were found to require limewashing and cleansing, and these matters were attended to.

Shop Hours Acts.

Number of shops in which young persons were employed in 1909	113
Number of shops in which young persons were employed in 1910	121
Number of inspections	208
Number of contraventions observed	41
Number of shops added to list during the year ...	34
Number of shopkeepers who ceased to employ young persons during the year	26
Number of complaints received as to young persons being employed beyond the time limit ..	0

(Contraventions related to notices not affixed).

SEATS FOR SHOP ASSISTANTS ACT.

The Health Visitors have paid thirteen visits with regard to this Act. In four instances it was found that the requirements of the Act were not being complied with; this, however, was remedied on the matter being pointed out in three instances; the remaining case is still pending.

Sanitary Prosecutions.

A detailed statement concerning the magisterial proceedings that have been necessary during the year appears on page 165.

Diseases of Animals Act and Orders of the Board of Agriculture.

Mr. W. H. Clarke, the Inspector of Nuisances, is the Inspector under this Act ; he reports as follows : —

SWINE FEVER.

"It is gratifying to observe that no outbreak has been recorded as having occurred on any pig-keeper's premises within the City during the past year.

On one occasion, however, the disease was negligently introduced into a sale yard from a parish outside the City boundary, but was fortunately discovered in time for the precautionary measures adopted to be effective. Proceedings were instituted against the owner, who was fined £2 and costs, for exposing swine suffering from Swine Fever.

Several contraventions of the Swine Movement Order were reported, and one offender was fined 5/- and costs, 8/6, for moving pigs contrary to the provisions of the Order.

During the year 2,158 licences and duplicates have been issued for the movement of swine from the sale yards within the City, and 1,288 duplicate licences have been received concerning swine moved into the City from sale yards in the County."

PARASITIC MANGE.

"The Warwickshire Parasitic Mange Order, 1906, provides that veterinary examinations are to be made of animals suspected of being affected with this disease, and in the case of affected animals they are to be isolated and treated with some dressing or remedy approved of by the Veterinary Inspector and kept under observation until the disease has disappeared.

During the early part of the year under consideration thirteen horses were certified by your Veterinary Inspector, Mr. Dale, to be affected with Parasitic Mange, and were isolated for an average period of eight weeks, the last case being declared free at the end of July.

The disinfection of the stables, utensils and harness has been carried out in accordance with the Regulations made by the Local Authority of the City in February last."

GLANDERS AND FARCY.

"The Glanders and Farcy Order of 1907 provides that a Local Authority shall, with all practicable speed, cause to be slaughtered, any horse in which the clinical symptoms show definite evidence of disease, also any horse in which the application of the mallein test has resulted in definite evidence of disease.

During the past year, an outbreak of Glanders occurred in a stable of fifteen horses, the clinical symptoms being well defined in one horse, and this animal was slaughtered forthwith.

The mallein test was subsequently applied by your Veterinary Inspector to all the other horses in this stable, with the result that a definite reaction was obtained in one horse, and this was also immediately slaughtered.

The stables were thoroughly disinfected and cleansed and the mangers and other woodwork burnt. Fortunately no further outbreak occurred. It may be of interest to note that this is the first outbreak of Glanders that has come under my observation during the past nineteen years."

ANTHRAX.

"During the year, one outbreak of this disease was investigated and after due enquiry, verified as Anthrax. No cause could be assigned for this outbreak, which occurred on farm premises, where no unexplained death among the stock had formerly been recorded. Unfortunately, the farmer suspected the cow of having been choked with a piece of turnip, and caused the carcase to be bled and afterwards dragged through the farmyard to a cart-shed, where the carcase was partly dressed. As Anthrax is communicable to man and may prove fatal, and as the disease may be spread by the blood of the diseased animal, it will be obvious that the farmer could not have adopted a more imprudent course.

The carcase was destroyed and the farm premises thoroughly cleansed and disinfected in accordance with the provisions of the Anthrax Order. Up to the present, no further outbreak has occurred.

Further efforts are being made by the Board of Agriculture to bring this disease under greater control, to improve the methods of identifying the disease and to obtain more reliable statistics as to its prevalence, and the Board have recently issued a new Order which operates from January 1st, 1911, copies of which have been circulated amongst the stockowners in the City."

ANIMALS (NOTIFICATION OF DISEASE) ORDER OF 1910.

" The Board of Agriculture issued an Order which came into force on April 1st, making it obligatory upon a veterinary surgeon or veterinary practitioner who, in his private practice, is employed to examine any animal or carcase of an animal and is of opinion that the animal is diseased or suspected of disease, to notify the existence or suspected existence of such disease to an Inspector of the Local Authority.

The Order also provides for the Local Authority to pay a fee of two shillings and sixpence for each notification.

Tuberculosis is not included in the scheduled list of notifiable diseases, and up to the present time no expenses have been incurred by the Local Authority under this Order."

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Act, furnishes the following information, which shews the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of Boats on the Register ...	204
,, ,, ,, ,, registered during year ...	9
,, ,, ,, visits to canal	51
,, ,, ,, boats inspected	123
,, ,, ,, persons for which the cabins were registered	419
,, ,, ,, persons occupying the cabins (viz., 156 men, 83 women, and 96 children) ...	335
,, ,, ,, boats contravening the regulations	15
,, ,, ,, complaint notes issued ...	12
,, ,, ,, legal proceedings instituted ...	1

Nature of Infringements observed :—

Absence of certificate	2
Marking	2
Ventilation	1
Painting	11

Dilapidation	2
Overcrowding	1
Females over 12 improperly occupying ...	1

Although the cabins of the boats plying in this district were on the whole found to be kept in a satisfactory condition, and the complaint notes readily complied with, it was found necessary to institute proceedings in one instance where the cabin was found at midnight to be overcrowded, also improperly occupied; for these infringements the master was fined £1 and costs 12/6, or in default twenty-eight days imprisonment.

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 702,231,442 gallons of water have been supplied from the public sources to our City; of this, 381,320,442 gallons were supplied from Spon End and 320,911,000 gallons from Shustoke. He also informs me that 246 new services have been laid on to build and supply 1,265 houses and 45 other buildings; guarantees have been received for 1,066 *completed* houses and 92 various buildings, in which are included 1,314 water closets and 270 new baths.

The amount supplied gives an average consumption of 18·8 gallons per head per day. The comparison of this figure with that of previous years is given below:—

	Amount supplied per day.	Estimated population served.	Amount per head per day.
1897	1,420,000 gals.	61,234	23 gals.
1898	1,577,207 ,,	61,555	25 ,,
1899	1,723,926 ,,	61,796	27 ,,
1900	1,896,106 ,,	62,037	30 ,,
1901	1,649,292 ,,	62,200	25 ,,
1902	1,670,749 ,,	67,330	25 ,,
1903	1,678,461 ,,	72,550	23 ,,
1904	1,633.098 ,,	75,250	21 ,,
1905	1,775,229 ,,	78,917	22 ,,
1906	1,913,430 ,,	82,600	23 ,,
1907	1,873,153 ,,	85,800	21 ,,
1908	1,896,191 ,,	90,000	21 ,,
1909	1,962,625 ,,	93,500	21 ,,
1910	1,923,921 ,,	102,000	18·8 ,,

The results of the periodical chemical analyses which have been made of the various waters are shown in the accompanying tables. Regular bacteriological examinations have been made monthly of the Shustoke water. As reported in last year's Report the use of the Whitley water was discontinued in 1909.

For many years past I have continued to draw attention to the desirability of covering in the tank at Spon End, and of so altering it that no surface water can find its way into the tank. In 1907 your Waterworks and Fire Brigade Committee, on visiting the Spon End tank, resolved to have a scheme prepared for covering in the tank; the desirability of this improvement remains as before. The Spon End water is not filtered before delivery to houses, and it is therefore imperative that every possible source of pollution should be eliminated. I have also drawn the attention of the Waterworks Committee to the fact that after heavy rains leakages of surface water have percolated through the walls of the tank, and that this surface water on analysis proved to be of a character which rendered it undesirable to be obtaining access into a public drinking supply.

I am of opinion that these matters in connection with the purity of the water supply are of greater consequence to the City than the annual balance sheet of the Water Department.

Results of Analysis expressed in parts per 100,000.

DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1910.										
Jan. 7	0·001	0·004	2·3	0·22	0·019	48	7·28	15·72	23·00	Bright, many small particles
April 5	trace	0·003	2·4	0·33	0·01	53	8·28	17·14	25·42	
July 5	0·001	trace	2·1	0·44	0·010	49	7·80	19·42	27·22	Bright and clear.
Oct. 6	trace	trace	2·4	0·33	0·012	52	6·58	18·58	25·12	Bright, few small particles.

TANK, SPON END.

1910.										
Jan. 7	trace	0·004	2·1	0·22	0·022	48	5·22	16·28	21·50	Bright, many small particles
April 5	trace	0·002	2·1	0·44	0·01	46	6·18	17·72	23·9	
July 5	trace	trace	2·0	0·44	0·010	47	7·74	18·58	26·32	Bright and clear.
Oct. 6	trace	trace	2·1	0·33	0·012	56	6·28	17·72	24·00	Bright, few small particles.

Results of Analysis &c.—*continued.*

SHUSTOKE.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1910. Jan. 5	trace	0·006	2·1	trace	0·075	22	2·86	10·86	13·72	Mixed waters from 1 & 4 Filters. Bright and few small particles.
Feb. 1	0	0·010	2·2	0·11	0·070	27	5·08	8·06	13·14	No. 2 Filter.
do.	0	0·005	2·2	0·11	0·062	27	5·66	8·06	13·72	No. 3 ,,
do.	0	0·006	2·2	0·11	0·072	30	5·70	8·58	14·28	Mixed waters from 1 & 4 Filters—taken from top of main.
Mar. 2	0	0·004	2·2	trace	0·07	30	5·44	9·14	14·58	No. 2 Filter } Clear & bright, Filtration good.
do.	0	0·004	2·1	trace	0·07	32	5·44	9·14	14·58	No. 3 ,,
April 6	trace	0·008	2·2	0·05	0·066	27	4·00	11·14	15·14	No. 2 ,,
do.	0	0·010	2·1	0·05	0·066	26	4·00	11·14	15·14	No 3 ,,
do.	trace	0·008	2·2	0·05	0·079	27	4·00	11·14	15·14	No. 5 ,,
May 2	trace	0·004	2·2	trace	0·063	27	6·54	8·32	14·86	No. 1 ,, } Clear & bright, Filtration good.
do.	trace	0·004	2·2	trace	0·071	27	6·54	8·32	14·86	No. 4 ,,
June 3	trace	0·004	2·3	trace	0·064	27	4·90	9·70	14·60	No. 1 ,, } Bright & clear.
do.	trace	0·004	2·3	trace	0·064	26	4·90	9·70	14·60	No. 4 ,,
July 5	0	0·009	2·2	trace	0·055	24	2·58	12·28	14·86	No. 2 ,, } Bright & clear.
do.	0	0·010	2·1	trace	0·055	26	2·86	12·00	14·86	No. 3 ,,
Aug. 4	trace	0·006	2·3	trace	0·023	26	4·28	10·58	14·86	No. 2 ,, } Bright & clear, but colour rather yellowish.
do.	trace	0·004	2·4	trace	0·023	25	3·70	9·72	13·42	No. 3 ,,
Sept. 1	trace	0·008	2·6	trace	0·035	24	2·86	12·00	14·86	No. 1 ,, } Bright & clear, a few small particles.
do.	trace	0·008	2·5	trace	0·036	22	3·14	10·28	13·42	No. 4 ,,
Oct. 5	trace	0·006	2·5	trace	0·046	32	2·86	9·42	12·28	No. 1 ,, } Bright, few small particles.
do.	trace	0·007	2·5	trace	0·046	30	2·86	9·42	12·28	No. 4 ,,
Nov. 2	0	0·012	2·5	trace	0·060	22	3·42	10·58	14·0	No. 2 ,,
do.	0	0·008	2·4	trace	0·060	22	3·44	10·28	13·72	No. 3 ,,
Dec. 6	trace	0·009	2·4	trace	0·06	25	4·00	10·58	14·58	No. 1 ,, } Bright & clear, few small particles, Filtration good.
do.	trace	0·010	2·5	trace	0·06	25	4·00	10·58	14·58	No. 4 ,,

Private Water Supplies.

The number of houses which continue to derive their water entirely from private wells is gradually diminishing. During the year, samples were taken from two private wells and analysed. In one instance the water was found to be quite reasonably safe for drinking purposes. The other was found to be polluted and is being dealt with.

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	2,692	=	1,346
Ashbin ,, ,,	49,596	=	24,798

In 1909 the amount was as follows:—

Ashpit refuse removed	4,527	=	2,263
Ashbin ,, ,,	46,794	=	23,397
	51,321	=	25,660

It will be seen that the amount of ash-pit refuse continues to diminish, corresponding to the abolition of the old ash-pit.

During the year one of the most important steps in regard to the improvement of the sanitation of this City was taken in the opening of a Refuse Destructor, so that the old-fashioned and insanitary system of tipping this refuse in the near vicinity of the City is discontinued, and the annual condemnations of the system—which have appeared every year in this report for over twenty years—are no longer necessary.

Sewage Disposal.

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley.

At the end of 1909 your Council resolved to extend the Sewage Farm by purchasing 235 acres of land adjoining the present farm. During the current year the sanction of the Local Government Board to borrow the necessary money for the purchase of the land and the execution of the required works has been received.

Health Visitors.

The work of Health Visitors in connection with Public Health Departments has been increasingly recognized as of importance in recent years, especially in connection with infant mortality. Early in the year your Council sanctioned the appointment of a second Health Visitor. As the work done by these Health Visitors is comparatively new, it is here referred to under a separate heading, though the work done is mostly incorporated in other parts of this Report.

The duties of the Health Visitors are as follows :—

(1) Visits in regard to births. These have been spoken of under the heading of "Infantile Mortality."

(2) Inspection of workshops where females are employed; 210 visits were paid to these. The work done is included under the heading of the "Factory and Workshops Act," on page 144. Visit to Out-workers are dealt with under the heading of "Home-work," on page 147.

(3) Visits in connection with infectious disease. These have related mostly to consumption cases, and are spoken of on page 52; 335 visits were made to these cases; 160 other visits were paid in relation to alleged cases of measles, scarlet fever, &c.

(4) 154 miscellaneous visits have related to neglected homes and dirty premises, alleged nuisances such as overcrowding, &c.

(5) Work in connection with the Midwives' Act is referred to on page 49.

(6) Visits under the Shop Hours Acts, and Seats for Shop Assistants Act, are included on page 150.

In all, 3,962 visits were paid by the Health Visitors.

References to other Departments.

These included 216 references to the City Engineer, 84 to the Waterworks Engineer, and 1067 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table :—

Unauthorised erections	20
Dangerous buildings and chimneys	25
Dangerous condition of roads and pavements ...	2
Foul gullies in courts	37
Foul and defective street gullies	35
Complaints relating to sewers	34
Ashpits and ashbins requiring emptying	44
Privies and cesspools requiring emptying ...	4
Foul and obstructed street pavement channels ...	6

Conversion into dwelling house of building not originally intended for human habitation ...	1
Dustbins not properly emptied and replaced ...	3
Pollution of water courses	5
	216

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools related to children who have suffered from infectious disease, or who lived in houses where infectious disease was present.

Public Health Acts (Amendment) Act, 1907.

During the year the sanction of the Local Government Board was received for the adoption of certain clauses of the above Act.

Fertilizers and Feeding Stuffs Act, 1906.

Six samples of feeding stuffs were submitted for analysis and found satisfactory.

The Inspection of the District, and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows:—

DRAINAGE AND PAVEMENT.	1909.	1910.
Drains opened and cleansed from obstruction	336	411
Drains provided with efficient traps ...	286	249
New drains, inspection and intercepting chambers provided	149	151
Drains relaid	186	161
Sink drains disconnected from sewer ...	24	16
Drains tested	436	362
Soil pipes and ventilating shafts provided or improved	40	39
Courts and back yards paved and repaired	121	167

DWELLINGS.	1909.	1910.
Floors of dwellings relaid or repaired ..	161	308
Dilapidated walls and ceilings repaired ...	227	235
Damp walls—damp courses inserted ...	18	36
Roofs repaired and made weatherproof ...	73	75
Dangerous stairs repaired	36	34
Additional windows provided and others made to open	41	80
Defective spouts repaired	103	86
Pantry ventilation improved	35	70
New sinks provided	24	47
New waste pipes provided and others repaired	38	63
Foul cellars cleansed and defects in drains remedied	11	18
Houses limewashed and cleansed ...	361	605
Houses limewashed after infectious disease	282	395
Cases of overcrowding dealt with ...	35	25
WATER CLOSETS AND URINALS.		
Additional water closets provided ...	74	45
Water closets reconstructed	77	57
Water closets repaired and limewashed ...	387	324
Water closets provided with new basins and traps...	160	231
Defective joints in flush pipes repaired ...	35	41
Foul w.c. basins and traps cleansed ...	343	262
Defective w.c. cisterns repaired... ...	191	152
New flushing cisterns provided... ...	98	62
Urinals cleansed and reconstructed ...	17	24
Urinals abolished	5	4
PRIVIES, ASHPITS, AND DUSTBINS.		
Offensive privies and pail closets converted into w.c.'s	37	20
Offensive privies and pail closets abolished	30	34
New w.c.'s erected in place of above ...	30	33
Offensive ashpits abolished	39	23
Sanitary dustbins provided in place of above	173	45
Other houses provided with sanitary dustbins	388	715

VARIOUS.	1909.	1910.
Smoke nuisances dealt with	50	53
Nuisances from animals kept, abated ...	76	51
Offensive accumulations removed ...	104	95
Courts and back yards cleansed by tenants	104	51
Gipsy tents and vans removed	36	8
Water supply—additional taps provided ...	61	129
Miscellaneous	324	533
Total	5,862	6,625

Some tabulated comparisons of the work of the Department with that of previous years is given in the accompanying tables.

Owing to the continued prevalence of Scarlet Fever, both the disinfecting and ambulance work, especially in connection with the Exhall Hospital, was very heavy. A considerable portion of the time of one assistant inspector was devoted to helping the disinfector.

Very little progress was made in the matter of the systematic inspection of houses ; in all, only some 107 houses in different parts of the City were systematically inspected. A previous portion of this Report has dealt with the new Regulations of the Local Government Board under the Housing and Town Planning Act concerning the inspection of dwelling houses.

Summary of Inspectors' Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Total for 10 years.
No. of drains opened and cleansed from obstruction	169	124	208	208	278	299	266	711	336	411	3,010
,, drains provided with efficient traps	374	350	247	371	373	306	244	376	286	249	3,176
,, new drains provided to premises	15	307	360	194	398	370	410	532	771	312	3,669
,, sink drains disconnected from the sewer	37	18	11	13	16	10	5	11	24	16	161
,, new sinks provided and others repaired	48	42	21	62	69	31	14	82	62	110	541
,, floors and walls of houses repaired	298	228	320	308	193	270	239	647	442	579	3,524
,, roofs of houses repaired and made weatherproof	67	130	130	163	86	118	85	183	73	75	1,110
,, defective spouts repaired	65	133	138	147	123	131	79	185	103	86	1,190
,, houses limewashed and cleansed	301	271	317	325	345	509	329	500	361	605	3,863
,, houses cleansed after infectious disease	623	228	222	135	152	118	143	149	282	395	2,437
,, offensive privies or pail closets converted into water closets	8	62	122	211	223	183	43	69	37	20	978
,, offensive privies and pail closets abolished	62						119	44	30	34	289
,, new water closets erected in place of above							109	56	30	33	228
,, additional new water closets provided	54	177	188	108	76	68	44	46	74	45	880
,, water closets provided with new cisterns	31	63	91	46	40	29	54	177	98	62	691
,, ,, ,, ,, ,, new basins and traps	85	138	166	115	150	128	114	277	272	288	1,733
,, foul water closet drains cleansed	254	395	321	293	433	519	263	257	343	262	3,340
,, defective W.C. cisterns, etc., repaired	159	389	216	184	195	167	141	292	191	193	2,127
,, offensive ashpits abolished	236	171	188	210	159	106	106	74	39	23	1,312
,, sanitary dustbins provided in place of the above	539	327	448	405	330	208	292	106	173	45	2,873
,, ,, ,, ,, to other premises	408	490	176	152	123	180	388	619	388	715	3,639
,, urinals cleansed, repaired and reconstructed	25	30	24	27	34	25	29	70	22	28	314
,, courts and backyards paved and repaired	68	101	182	176	183	145	85	178	121	167	1,406
,, nuisances from animals kept, abated	45	78	92	99	113	115	59	68	76	51	796
,, accumulations of manure, etc., removed	43	29	44	64	63	116	126	141	104	95	825
,, smoke nuisances dealt with	20	23	22	39	26	42	96	46	50	53	417
,, cases of overcrowding dealt with	11	6	31	23	23	44	18	50	35	25	266
,, vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	613	309	170	1406	1528	1,839	1,269	2,073	1,039	1648	11,894
	4,658	4,619	4,455	5,474	5,732	6,076	5,169	8,019	5,862	6,625	56,689

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
No. of visits and re-visits to premises	19 244	18,039	17,244	15,491	17,729	21,856	20,527	23,982	20,223	24,742
,, notices issued for abatement of nuisances ...	2,966	2,023	2,285	1,566	1,354	1,367	1,651	2,180	2,040	1,841
,, letters ,, ...	402	462	467	327	1,118	1,279	1,831	1,643	1,958	1,967
,, summonses issued for non-compliance with notices served to abate nuisances	5	4	0	4	5	0	1	8	6	9
,, nuisances remaining unabated after expiration of notice	6	32	36	25	29	23	12		15	35
,, registered premises under supervision	388*	278	296	319	333	329	333	377	410	442
,, visits paid to registered premises	1,310	1,334	1,516	2,216	2,305	2,311	2,546	3,211	3,095	2,997
,, references to City Engineer	782	699	648	532	397	233	335	219	233	216
,, references to Water Engineer	178	227	138	103	165	119	143	110	107	84
,, references to Education Department				365	365	532	399	313	981	1,574
,, drains tested	65	113	414	438	432	524	396	807	436	362

* After this date the bakehouses are not included, being classed as workshops.

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

Number of visits to premises	24,742
Number of statutory notices issued	124
Number of informal notices issued	1,717
Number of letters issued	1,967
Number of summonses issued for non-compliance with notice to abate nuisance	9
Number of nuisances remaining unabated ...	35
Number of registered premises under supervision (not including workshops)	442
Number of visits paid to registered premises ...	2,997

No change in the personnel of the Health Department occurred during the year.

I am appending to this Report a record of the magisterial proceedings which have been necessary during the year; an extended schedule of the ages at, and causes of, death; a return of the samples taken under the Food and Drugs Acts; a report from the Special Sub-Committee of the Education Committee appointed to consider the medical treatment of school children; and a report of the delegates to the Birkenhead Health Congress.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

Public Health Department,
Coventry.

MAGISTERIAL PROCEEDINGS, 1910.

No. of Cases.	Complaint.	Results.	Total Costs.		
			£	s.	d.
1	Non-compliance with notice to abate nuisance: ashpit	Order made for work to be executed and payment of costs...		5	0
2	Ditto : quarry floor	,, ,, ,,		5	0
3	Ditto : water closet	,, ,, ,,		5	0
4	,, ,, ...	,, ,, ,,		5	0
5	,, ,, ...	,, ,, ,,		5	0
6	,, ,, ...	,, ,, ,,		5	0
7	,, ,, ...	,, ,, ,,		6	0
8	Ditto : keeping of fowls...	Order made for fowls to be removed within seven days			
9	Contravention of Dairies, Cowsheds and Milkshops Orders. Sec. 7. Sub.-sec. 2	Fined 10/- and costs . .		18	6
10	Contravention of Byelaw No. 5, relating to Common Lodging Houses	Dismissed on payment of costs		10	0
11	Contravention of Byelaws Nos. 2 and 17, respecting removal of manure ...	Fined 10/- and costs ...		18	6
12	Obstructing entrance of Inspector on to premises	Justices' Order obtained...			
13	Improper occupation of cabin of canal boat	Fined £1 and costs and in default, imprisonment for 28 days	1	12	6
14	Non-compliance with notice to cleanse filthy and unwholesome house ..	Adjourned for one week for work to be executed. Withdrawn on payment of costs...		5	0
15	Exposing swine suffering from swine fever at a market	Fined £2 and costs ...	4	1	0
16	Selling diseased meat	Fined £10 and costs ...	11	9	6
17	Exposing diseased meat for sale ...	Fined £20 and costs and in default, imprisonment for two months...	21	15	6
18	Adulterated milk...	Fined £2 and costs ..	2	10	6
19	Contravention of Swine Movement Order, 1908	Fined 5/- and costs ...		8	6
20	Depositing unsound bacon for sale ...	Fined £10 and costs and in default, imprisonment for 28 days ...	12	2	0

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1910.

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
1	Small-pox—														
	(*a*) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Unvaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) No Statement	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles	1	4	1	..	..	..	..	..	..	..	..	..	..	6
3	Scarlet Fever	1	13	6	2	1	..	2	..	..	..	..	..	..	25
4	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza	..	..	..	..	..	..	..	2	1	..	..	..	..	3
6	Whooping Cough	6	3	1	..	..	..	..	..	..	..	..	..	..	10
7	Diphtheria	3	8	4	..	..	..	..	..	..	..	..	.	..	15
8	Enteric Fever	..	..	..	1	..	..	4	..	..	..	..	..	..	5
9	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery	4	3	..	..	..	..	..	..	..	..	..	..	..	7
11	Epidemic Enteritis	4	4	1	..	..	..	..	..	..	..	..	..	..	9
12	*Other Allied Diseases*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Hydrophobia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis	3	..	..	..	..	..	1	2	1	..	..	..	..	7
19	Gonorrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	Phagedæna	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas	..	1	..	..	..	..	..	..	1	1	..	..	..	3
22	Puerperal Fever	..	..	..	..	..	1	..	3	..	..	..	..	..	4
23	Pyæmia	..	..	..		..	..		..	..	..	..	..	..	..
24	Infective Endocarditis	..	..	..	..	..	..	..	..	..	1	..	..	..	1
25	*Other Allied Diseases*	1	1	1	1	..	..	..	..	..	1	..	..	..	5
25*a*	Cerebro Spinal Meningitis ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Malarial Fever	..	..	.	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever	..	..	1	..	2	..	..	..	1	..	..	..	..	4
28	Rheumatism of Heart	..	..	..	..	..	..	..	1	..	..	..	..	..	1
29	Tuberculosis of Brain	4	13	5	..	1	..	..	..	..	..	..	..	..	23
30	Tuberculosis of Larynx	..	..	..	..	..	..	..	1	..	..	..	..	..	1
31	Phthisis	..	..	..	5	11	6	25	17	19	4	1	..	..	88
32	Abdominal Tuberculosis	7	3	..	1	1	1	1	..	1	..	..	..	..	15
33	General Tuberculosis	..	2	..	1	2	..	1	1	3	..	..	..	..	10
34	Other forms Tuberculosis.. ..	..	1	..	..	1	..	..		..	..	..	..	..	2
35	*Other Infective Diseases*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	*Other Diseases due to Altered Food*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	34	56	20	11	19	9	34	27	27	7	1	..	..	245

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcoholism	..	..	..	..	..	..	..	1	..	..	..	..	..	1
42	Chronic Alcoholism	..	..	..	..	..	..	..	1	..	..	..	..	..	1
43	*Chronic Industrial Poisonings* ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	*Other Chronic Poisonings*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Osteo-arthritis	..	..	..	..	..	..	..	..	..	1	..	..	..	1
46	Gout	..	..	..	..	..	..	..	..	1	1	..	..	..	2
47	Cancer	1	1	..	..	1	..	..	9	16	23	17	7	1	76
48	Diabetes Mellitus	..	..	..	..	..	..	1	..	2	1	..	..	..	4
49	Purpura Hæmorrhagica	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia	..	..	..	..	1	..	..	1	2	1	..	..	..	5
52	Lymphadenoma	..	..	..	..	..	..	1	..	..	..	..	..	..	1
53	Premature Birth	61	..	..	..	..	..	..	..	..	..	..	..	..	61
54	Injury at Birth	3	..	..	..	..	..	..	..	..	..	..	..	..	3
55	Debility at Birth	18	..	..	..	..	..	..	..	..	..	..	..	..	18
56	Atelectasis	2	..	..	..	..	..	..	..	..	..	..	..	..	2
57	*Congenital Defects*	10	1	..	..	1	1	..	..	..	..	..	..	..	13
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
58	Want of Breast Milk	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Atrophy, Debility, Marasmus ..	17	1	..	..	..	..	..	..	..	..	..	..	..	18
60	Dentition	2	3	..	..	..	..	..	..	..	..	..	..	..	5
61	Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..	..
62	Old Age, Senile Decay	..	..	..	..	..	..	..	..	..	1	24	65	23	113
63	Convulsions	11	1	..	..	..	..	1	1	..	1	..	..	..	15
64	Meningitis	2	6	2	1	..	..	..	2	..	..	..	..	..	13
65	Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy	..	..	..	..	..	..	1	1	4	6	17	17	2	48
67	Softening of Brain	..	..	..	..	..	..	..	..	..	1	2	..	..	3
68	Hemiplegia	..	..	..	..	..	..	..	..	..	1	2	4	2	9
69	General Paralysis of Insane ..	..	..	..	..	..	..	..	4	..	5	4	1	..	14
70	Other forms of Insanity	..	..	..	..	..	..	1	1	..	..	..	..	..	2
71	Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	..
72	Cerebral Tumour	..	..	..	..	..	..	1	1	..	..	..	1	..	3
73	Epilepsy	..	..	..	..	..	..	..	..	..	1	1	..	..	2
74	Laryngismus Stridulus .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Locomotor Ataxy	..	..	..	..	..	..	..	..	1	..	..	..	..	1
76	Paraplegia	..	..	..	..	..	..	..	..	..	1	1	..	..	2
77	*Other forms, Brain Diseases* ..	..	1	..	..	..	..	..	..	..	1	1	1	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
77a	*Other forms Spinal Cord Diseases*	..	..	..	..	..	..	..	..	1	1	1	1	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
78	Otitis	1	1	1	..	..	..	..	..	..	..	..	..	..	3
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	Pericarditis	..	..	..	..	..	..	1	..	..	..	..	..	..	1
82	Endocarditis	1	..	..	2	2	..	..	5	5	8	7	2	..	32
83	Hypertrophy of Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris	..	..	..	..	..	..	1	1	..	..	2	1	..	5
85	Aneurism	..	..	..	..	..	..	..	3	2	1	..	..	..	6
86	Senile Gangrene	..	..	..	..	..	..	..	..	1	..	3	2	..	6
87	Embolism, Thrombosis	..	..	..	..	1	..	..	..	..	3	..	1	..	5
88	Phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Varicose Veins	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	129	15	3	3	6	1	8	31	35	58	82	103	28	502

No.	Diseases.	Ages.													All Age
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	*Other Diseases, Heart and Vessels*	..	1	..	1	3	1	2	6	9	12	18	11	..	64
		..	..	..	..	..	..	..	..	..	..	..	..	..	...
		..	..	..	..	..	..	..	..	..	..	..	..	..	...
		..	..	..	..	..	..	..	..	..	..	..	..	..	...
91	Laryngitis	..	1	1	..	..	..	..	..	..	..	..	..	..	2
92	Croup	..	2	..	..	..	..	..	..	..	..	..	..	..	2
93	*Other Diseases, Larynx & Trachea*	..	..	..	..	..	..	..	..	..	..	..	..	..	...
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	.	..	..	..	..
94	Acute Bronchitis	15	5	..	..	..	..	1	1	..	1	2	9	..	34
95	Chronic Bronchitis	..	1	..	..	..	..	..	1	2	5	13	10	1	33
96	Lobar Pneumonia	1	1	1	..	..	1	3	2	1	1	1	2	1	15
97	Lobular Pneumonia	6	11	1	..	..	1	1	2	3	..	2	1	..	28
98	Pneumonia	3	2	1	..	1	3	2	2	9	4	5	1	1	34
99	Emphysema, Asthma	..	..	..	..	..	..	..	..	1	1	2	..	..	4
100	Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
101	*Other Diseases, Respiratory System*	1	..	..	..	..	..	..	1	1	1	1	..	..	5
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
102	*Diseases of Mouth and Annexa* ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
103	Diseases of Pharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104	Diseases of Œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	Ulcer of Stomach and Duodenum	1	..	..	..	..	..	1	2	..	3	1	2	1	11
106	Other Diseases of Stomach ..	4	2	..	..	1	..	..	..	..	..	1	..	..	8
107	Enteritis	13	1	..	..	..	..	..	..	1	2	1	..	..	18
108	Appendicitis	..	..	2	1	1	..	3	..	2	..	..	..	..	9
109	Obstruction of Intestine	1	..	..	..	..	..	..	..	2	..	1	..	..	4
110	Other Diseases of Intestine ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
111	Cirrhosis of Liver	..	..	..	..	..	..	1	4	6	6	6	1	..	24
112	Other Diseases of Liver	3	..	..	..	..	..	..	..	..	..	3	..	..	6
113	Peritonitis	..	..	1	..	..	..	..	3	..	..	1	..	..	5
114	*Other Diseases, Digestive System*	..	..	..	..	..	..	..	..	..	1	..	..	..	1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	*Diseases, Lymphatic System and Glands*	..	1	..	..	..	..	..	1	..	2	..	..	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
116	Acute Nephritis	..	2	..	..	..	..	1	2	..	..	1	..	..	6
117	Bright's Disease	..	..	..	..	1	1	2	4	6	2	2	2	..	20
118	Calculus	..	..	..	..	..	..	..	..	1	..	..	..	..	1
119	Diseases of Bladder and Prostate	..	..	..	..	..	..	..	..	..	1	7	2	..	10
120	*Other Diseases, Urinary System* ..	..	..	..	..	..	..	..	..	2	..	..	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
121	Diseases of Testis and Penis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	Diseases of Ovaries	..	..	..	..	..	..	..	1	..	..	..	..	..	1
123	Diseases of Uterus and Appendages	..	..	..	..	..	1	..	1	..	..	..	..	..	2
124	Diseases of Vagina and External Genitals	..	..	..	..	..	..	..	..	..	..	..	..		..
125	Diseases of Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage	..	..	..	..	..	..	1	..	..	..	..	..	..	1
127	Puerperal Mania	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions	..	..	..	..	.	..	1	..	..	..	..	..	..	1
129	Placenta Prævia, Flooding ..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
	TOTALS ..	48	30	7	2	7	9	19	35	46	42	68	41	4	358

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	*Other Diseases, Pregnancy and Childbirth*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
132	Arthritis, Ostitis, Periostitis ..	..	..	..	1	..	..	1	1	..	..	..	..	..	3
133	*Other Diseases, Osseous System* ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
134	Ulcer, Bedsore	..	..	..	..	..	..	..	..	..	1	..	..	..	1
135	Eczema	..	..	..	..	..	..	..	..	..	..	..	..	..	..
136	Pemphigus	1	..	..	..	..	..	..	..	..	..	..	..	..	1
137	*Other Diseases, Integumentary System*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Accidents and Negligence—														
138	In Mines and Quarries	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic	1	..	1	..	..	..	1	..	1	..	..	..	..	4
140	On Railways	..	..	..	..	..	..	1	..	..	..	..	..	..	1
141	On Ships, Boats, Houses, &c., (not drowning)	..	..	..	..	..	..	..	..	..	..	1	..	..	1
142	In Building Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..
143	By Machinery	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	By Weapons and Implements ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	Burns and Scalds	1	3	..	..	..	..	..	..	..	..	..	..	..	4
146	Poisons, Poisonous Vapours ..	..	..	..	..	..	..	..	1	..	..	..	1	..	2
147	Surgical Narcosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
148	Effects of Electric Shock	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning	..	1	..	..	..	..	..	..	..	1	..	..	..	2
151	Suffocation, Overlaid in Bed ..	4	..	..	..	..	..	..	..	..	..	..	..	..	4
152	,, Otherwise	2	..	..	..	..	..	..	..	..	..	..	..	..	2
153	Falls not specified	1	..	..	..	..	..	..	1	..	1	..	..	..	3
154	Weather Agencies	..	..	..	..	..	..	..	..	..	..	1	..	..	1
155	Otherwise not stated	1	..	..	..	..	..	..	..	..	..	..	..	..	1
156	Homicide	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Suicides—														
157	By Poison	..	..	..	..	..	..	..	..	..	1	..	..	..	1
158	By Asphyxia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
160	By Drowning	..	..	..	..	..	..	..	..	..	..	..	..	..	..
161	By Shooting	..	..	..	..	..	..	..	..	..	..	..	..	..	..
163	By Cut or Stab	..	..	..	..	..	..	1	2	1	..	..	..	..	4
162	By Precipitation from Elevated Places	..	..	.	..	..	..	..	..	..	..	..	..	..	..
164	By Crushing	..	..	..	..	..	..	..	1	..	..	..	..	..	1
165	By other and unspecified methods	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Execution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	1	..	..	..	..	..	..	..	..	..	..	..	..	1
168	Ill defined and unspecified causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..
169	Not certified	7	2	..	..	..	..	..	.	..	3	2	3	..	17
	TOTALS, SHEET No. 4 ..	19	7	1	1	..	1	4	6	2	8	4	4	..	57
	TOTALS, SHEET No. 3 ..	48	30	7	2	7	9	19	35	46	42	68	41	4	358
	TOTALS, SHEET No. 2 ..	129	15	3	3	6	1	8	31	35	58	82	103	28	502
	TOTALS, SHEET No. 1 ..	34	56	20	11	19	9	34	27	27	7	1	..	..	245
	GRAND TOTALS ..	230	108	31	17	32	20	65	99	110	115	155	148	32	1162

Sale of Food and Drugs Act, 1875.

Summary of the Reports of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1910.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
1st QUARTER.			
NewMilk 45 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
Butter 18 ,,	,,	,,	
Lard 5 ,,	,,	,,	
Sausage 1 ,,	,,	,,	
Whiskey 1 ,,	,,	,,	
Sweets 1 ,,	,,	,,	
Cod Liver Oil 2 ,,	,,	,,	

Sale of Food and Drugs Act, 1875—*Continued.*

Articles submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
2ND QUARTER.			
New Milk 36 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
,, 1 ,,	,,	Adulterated, 10% added water.	Informal. Vendor to be kept under observation.
,, 1 ,,	,,	Adulterated, 8% added water.	Formal. Fined £2 and 19/- costs.
,, 1 ,,	,,	Adulterated, 17% added water.	Informal. Subsequent Formal samples from same Vendor proved to be genuine.
,, 1 ,,	,,	Adulterated, deficient of 5% of its fat.	,,
,, 1 ,,	,,	Adulterated, deficient of 7% of its fat.	,,
,, 1 ,,	,,	Adulterated, deficient of 8% of its fat.	,,
,, 1 ,,	,,	Adulterated, deficient of 10% of its fat.	,,
,, 1 ,,	,,	Adulterated, deficient of 23% of its fat.	,,
,, 1 ,,	,,	Adulterated, deficient of 25% of its fat.	,,
Butter 12 ,,	,,	All Genuine.	
Lard 9 ,,	,,	,,	
Whiskey 2 ,,	,,	,,	
3RD QUARTER.			
Butter 12 smp.	,,	All Genuine.	
,, 1 ,,	,,	Adulterated, 90% of Foreign Fat.	Formal. Supplied in Margarine wrapper. Cautioned by Order of Sanitary Committee.
,, 1 ,,	,,	Adulterated, 95% of Foreign Fat.	,,
Lard 1 ,,	,,	Genuine.	
Cream of Tartar 1 ,,	,,	,,	

Sale of Food and Drugs Act, 1875—*Continued.*

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so, the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulteration.	Observations.
4TH QUARTER.			
New Milk 55 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
,, 1 ,,	,,	Adulterated, deficient of 15% Fat.	Subsequent Formal sample from same vendor proved to be genuine.
Condensed Milk 1 ,,	,,	Genuine.	
Cream 1 ,,	,,	,,	
Butter 19 ,,	,,	,,	
Bread 1 ,,	,,	,,	
Marmalade 1 ,,	,,	,,	
Arrowroot 1 ,,	,,	,,	
Tea 1 ,,	,,	,,	
Mustard 1 ,,	,,	,,	
Pepper 1 ,,	,,	,,	
Ground Ginger 1 ,,	,,	,,	
Whiskey 1 ,,	,,	,,	
Olive Oil 1 ,,	,,	,,	
Cod Liver Oil 2 ,,	,,	,,	
Camphorated Oil 1 ,,	,,	,,	
Sweet Spirit of Nitre 1 ,,	,,	,,	

Physical Features of the City and District,

By

MR. ALDERMAN W. ANDREWS, J.P., F.G.S.

Running nearly through the centre of Warwickshire from North to South there is a range of hills about 30 miles long known by the name of the Central Warwickshire Hills. Commencing on the North these hills rise within the angle formed by the junction of the Rivers Anker and Tame at Tamworth, which is rather less than 200 feet above sea level. Coming southward they rise to 500 feet high at Baddesley, to nearly 600 feet at Bentley, and nearly or quite 600 feet at Oldbury Hall, south of Atherstone. Further south through Ansley and Fillongley the ridge generally exceeds 500 feet, and near Corley Church, 4 miles north-west of Coventry, it reaches 600 feet. But the highest point in this range is 612 feet above sea level, at a spot between High Ash Farm and Meigh's Wood; this point is 5¾ miles north-west of the centre of Coventry at Broadgate. Still further south, the ridge is 500 feet high at Meriden Hill, and about 450 feet over the Beechwood Tunnel, which is 4½ miles west-south-west of Broadgate. Continuing to Barton Green, Honily, Wroxall, Shrewley, Claverdon to Langley, the height is over 400 feet for nearly the whole of the distance. At Haseley the Warwick Corporation have succeeded in tapping the hills for water, and Warwick is supplied with water by gravitation. South of Langley the ridge gradually becomes lower, and dies out in the low ground within the angle formed by the Stratford and Hatton Railway and the Stratford Canal. The canal is 143 feet above sea level where it is crossed by the Railway. Taking the ground above 400 feet as hill country, the range is 6 miles wide west of Nuneaton, 6 miles at Meigh's Wood, but only half a mile wide at the Beechwood Tunnel. Further south the width varies, it is sometimes about 3 miles wide and sometimes very narrow, until it sinks below 400 feet near Langley. This line of high ground is pierced by three tunnels, but the main line of the London and North Western Railway avoids it by passing close to its north end at Tamworth. The northern tunnel is on the Midland Railway at Ansley, where the summit of the rails is about 461 feet above sea level. The central one is the Beechwood Tunnel, where the rails reach a height of 371 feet; and the southern one is at Shrewley on the Warwick and Birmingham Canal, where the height of the water is 336 feet. The Great Western Railway to Birmingham also pierces the ridge by a deep cutting in this neighbourhood.

On the western side of this range of hills facing Birmingham, the slope is usually very steep, as at Bentley, Maxstoke, High Ash, Meriden, and Beechwood. On the eastern or Coventry side the slope is also very steep at the north end, as at Merevale and Hartshill. But further south the slope gradually flattens out, so that between Meriden Hill and Coventry it is a very gradual one. The railway from Birmingham to Rugby descends from the Beechwood Tunnel right through the Coventry Station to Willenhall, a distance of nearly 7½ miles with a continuous decline of 16 feet to the mile, and a total fall of 118 feet. Crossing the Avon at Brandon it then begins to rise towards the high ground in Northamptonshire. It is possible that this chain of hills influences to some extent the local distribution of the rainfall, but this is a subject which has not yet been investigated.

If a line is drawn from the highest point of the hill country near Meigh's Wood through Broadgate it will cut the River Sowe at Willenhall Bridge, 2 miles from Broadgate and 204 feet above sea level, and this is the lowest point near Coventry. There is consequently a drop of 408 feet. Hence, neglecting all minor inequalities, Coventry may be said to be planted upon a gentle slope, which extends from Meigh's Wood to Willenhall Bridge, and about three-fourths of the way down the slope. About 5 miles in length along the main ridge drains through Coventry, the waters descend through five lateral valleys at right angles to the ridge; these unite to form the narrow valley of the River Sherbourne, which runs from west to east through the City; the extent of ground drained by these valleys is 13½ square miles. Consequently, within six hours after heavy rain there is often a strong rush of water from west to east through the City. The floor of this valley is very narrow, being only 150 yards wide at Spon End, where the stream enters the City; about 100 yards wide from the bottom of Cross Cheaping to bottom of Bishop Street, and 150 yards at Gosford Bridge. This narrow valley is now covered with buildings, mostly tenementary property erected within the last half century, and this practice is still being steadily continued. It is not surprising, therefore, that when there was a heavy flood, eleven years ago, more than 1,700 houses or buildings were flooded. The river is 258 feet above sea level at Spon End Bridge, and 231 feet at the Charterhouse Mill; there is consequently a fall of 27 feet within the City.

The geology of Coventry is extremely simple. The whole of the ground within the municipal boundary and for some distance outside is occupied by a series of red strata, consisting of alternate layers of red sandstones and marls, with an occasional stratum of hard pebbly conglomerate. These rocks dip gently towards the south-west. At Spon End they have been penetrated to a depth of 575 feet without reaching the base of the formation. Probably they lie some hundreds of feet still deeper. These rocks are conformable to the true coal measures which lie below them. At Tile Hill Station, 3½ miles west of Broadgate, these red rocks were penetrated to a depth of 693 feet without reaching their base. But on the eastern and south sides of the City this red formation is overlaid with beds of white sandstone, known by the name of Waterstones, and belonging to the Trias Formation. These beds are laid horizontally upon the broken off ends of the red rocks. The beds are not continuous, but have been denuded in places, and are disturbed by some faults, with a down throw towards the west. These white sandstones are found at Stoke, Gosford Green, the top of the hill near Spike Bridge, Warwick Road, Stivichall Hill, and all round the Railway Station. At the Station the red rocks are at the level of the rails, and the 40 feet of excavation above is in these white sandstones. The coal seams crop out 3 miles north-east of Broadgate, beneath these horizontal white rocks, but have been proved further south at Binley. Coal measures, however, are known to exist near Brandon, 4 miles east of Broadgate, at a depth of 340 feet below the surface. Coventry has two sources of water supply, both of them from wells and bore holes. At Spon End all the borings, six in number, are in the red series of rocks. At Whitley there is 51 feet of the white Triassic rock beneath the surface, and 200 feet of the red formation below, but two-thirds of the water obtained comes from the top 51 feet.

Of Glacial Drift there is comparatively little at Coventry, the solid formations are usually very near the surface. There is, however, a bed of boulder clay 9 feet thick on top of Stivichall Hill, and a very thick bed of clay on top of Pinley Hill; this latter is capped by thick beds of red gravel. The hill on which the reservoirs are built north-west of the city is also capped with a boulder formation.

The topography of a place has generally much to do with the method adopted for the disposal or purification of sewage.

In seaside towns the sewage is usually discharged straight into the sea and there is an end of it. But such a simple process is impossible in inland towns, where it usually has to be disposed of in some way or other on the land. In Coventry it was formerly believed that no available land existed upon which the sewage could be delivered by gravitation, or without pumping. With this belief, when the Whitley Abbey estate was offered for sale in the year 1867, the Coventry Corporation tried—but without success—to purchase it. The idea was to pump the sewage up to it for broad irrigation. Afterwards in 1868 and 1869 the Pinley estates of about 282 acres, now in possession of the City, were purchased with similar intentions, but only about 8 acres were at such a level as could be used by gravitation, and these 8 acres are the only portion of this land which has ever been used for the disposal of sewage. No pumping scheme was adopted, but chemical processes were tried instead. Although the country round has been repeatedly searched, both by professionals and by amateurs, I had never myself accepted the theory that no land existed which could be utilised by gravitation. Eight years passed away, and when in 1877 I became a Member of the City Council, one of my first acts was to make an examination of the district on my own account. I put a couple of aneroid barometers in my pocket, and walked over the two miles from our sewage outfall near Swift's Corner to the River Avon at Ryton Bridge. Both barometers indicated that the surface of the Avon was between 20 and 25 feet below our sewage outfall. If this were correct then there were large tracts of land in the valley between Ryton Bridge and Cloud Bridge upon which our sewage could be delivered by gravitation. The Ordnance maps gave no information, so I at once wrote to the Ordnance Survey Authorities asking if they could give me any information. I obtained sufficient to enable me to make a second visit, when I found that the exact difference in level was 21½ feet. When I announced my discovery it was not at first believed, and was considered incredible. In the meantime the chemical methods were continued, but were very unsatisfactory. Seven more years passed away, when, in 1884, the General Works Committee passed the following Resolution:—

> "Ordered that the Surveyor do survey and take the levels in the valley of the Avon between Ryton Bridge and Cloud Bridge, to see whether 500 or 1,000 acres could be got to receive the sewage by gravitation, if that method of disposal of the sewage should be ultimately considered best."

The above Resolution was passed on the understanding that I would accompany the Surveyor, and point out the ground. Accordingly we visited the valley and occupied five days in taking a set of levels down one side and up the other. The gradient we used was 2 feet to the mile. Our report was that there were about 1,000 acres available between those two bridges. Sometime afterwards, at my suggestion, we made a further survey between Ryton Bridge and Brandon, and found that there were about 350 acres in that part of the valley. So that between Brandon and Cloud Bridge there are altogether about 1,350 acres upon which it would be possible to deliver the Coventry sewage by gravitation.

Eight more years rolled away and our sewage purification by chemicals was going from bad to worse. In 1892 the Council decided to obtain professional advice, and engaged the services of Mr. James Mansergh. He was of opinion that a broad irrigation scheme in the Avon Valley was the best solution of the difficulty, and he prepared such a scheme to utilise about 600 acres of land. This, after a full enquiry which lasted eight days, was sanctioned by the Local Government Board, and a Provisional Order was granted. This Bill was unexpectedly thrown out upon its second reading in the House of Commons; this was due to opposition from neighbouring land-owners. Owing to the rejection of the Bill another scheme had to be promoted, which is now at work. The sewage is pumped up to a plateau between the Rivers Sowe and Avon, and is purified by broad irrigation. The effluent joins the Avon between Ryton Bridge and the village of Bubbenhall. The pumping station, including engines, etc., cost about £40,000, which involves a charge upon the District Rate of about £2,500 per annum for interest and sinking fund. Besides which there are the annual running expenses, including coals, wages, etc., of about £2,500 per year.

So that the present position is that the Coventry citizens, owing to the above-mentioned opposition, have to pay about £5,000 per year for merely delivering the sewage upon the land, whereas had the Bill been allowed to pass it would have been done by gravitation without cost.

Report of the Delegates who attended the Congress of the Royal Institute of Public Health.

This Annual Congress was held at Birkenhead from July 18th to 23rd, under the presidency of Mr. W. H. Lever.

The Congress was in every way a successful one, and in presenting a report of it, the greatest difficulty met with is that of selecting its most salient features in the way of papers or discussions. The fact that these Congresses are divided up into so many sections in which discussions are being carried on at the same time renders a report on the whole Congress a matter of considerable difficulty. The following brief resumé only attempts to set forth an abstract of those papers which were more prominently brought to the attention of your Delegates.

The Earl of Meath read a paper on "Are the tendencies of present educational and social influences in the direction of an unwise sentimentality leading to a weakening of the moral fibre of children, and becoming a serious social and political danger to the State?" In former days, he said, no one doubted that it was the duty of parents and teachers to train children, to enforce obedience, and to punish idleness and evil doing. To-day there was a school which deprecated all coercion, and if the child chose to turn a deaf ear to the advice of experience, would allow it to choose its own path through life. Decadent men and women were in part the outcome of an unwise sentimentality which hampered authority and stayed the course of justice. It was an unwise sentimentality which unnecessarily interfered between parent and child, between teacher and scholar, in the maintenance of a reasonable discipline.

Sir William Ramsay said it would remain with the people to work out their own salvation. It was, however, encouraging to see the falling off in the quantity of liquor consumed by the people. The idea was gradually growing that drink was not merely a mistake, but was subversive of all comfort, both to the family and the individual. That spirit had been growing without any preaching. If possible they should get the people to adopt as their habits a certain state of mind which would bring them into the right path and to educate their children and make them fit subjects of the Empire.

Lady Dockrell, Dublin, said all the attempts made to overcome the evil tendencies of the present day were undone in the schools and in the hours of recreation. The State was doing a great deal in the direction towards making parents more and more irresponsible. She claimed that the Police-Aided Clothing Society for Children, which was an excellent charity, had the effect of making careless mothers seek assistance when they did not require it. On the other hand, mothers who were thrifty and careful, on seeing what others were obtaining without any difficulty, were rather apt to follow their example.

Professor W. R. Smith, President of the Institute, said the only way in which they could deal with boys in the future was to introduce some form of military training. It was most urgently needed, not only from the point of view of the interests of the State and our growing responsibilities, but in the interests of the boys themselves. They would be taught habits of obedience, respect for authority, and respect for themselves, which the rising generation stood very much in need of. He would advocate the same principle adopted in Germany, viz., teach every boy a trade. When a boy left school he wore a tall hat and black coat and followed some gentlemanly occupation. The Lord Mayor of London was advocating the system of returning to the old apprenticeship days, which he (the speaker) was afraid could not be done. Most parents thought when their boys left school they should earn a few coppers, and among boy caddies there was not a single one that knew a trade. Ultimately they were thrown on the world and became unemployed. He also considered that the tendency of the age increased the difficulties of parents. When a daughter or son got married their friends made them most expensive presents. The young people started married life with a false idea. They were trying to begin where other people were leaving off. Such kindness was mistaken. Agencies which were doing good work were the Boy Scout Movement and the Church Lads' Brigade. Those agencies were getting hold of the lads and trying to make them think they were something. With regard to the girls they must be taught to make good wives, good economists in household matters, how to cook, and when a dinner was properly done.

Professor Geddes also referred to the good influence of the Boy Scouts Movement.

Dr. Alice Ker read a paper for Mrs. Sidney Webb on the "Prevention of Destitution." The fell social disease of destitution, she said, stood in the way of the cure of most of our social diseases. The Poor Law Commission had presented two reports, which differed from each other on fundamentals. On the one side—the majority—were all the great people of the land, on the other—the minority—were, with one exception, poor, humble folk—two working men, herself, a mere woman, and the Dean of Norwich, one respectable person. The two sections of the Commission differed as to the cause of the terrible failure of the Poor Law, and therefore as to their remedies. The majority merely wanted to get rid of the common elected persons now serving on the Boards of Guardians, and to supplant them with superior persons not elected by the ratepayers. They did not propose to abolish the present system. They proposed to call it by a new name. On the other hand the minority had no fault to find with the Guardians. What they felt was that they had to administer a system that was out of date and wrong. The main function of the Poor Law, the relief of destitution, seemed to the minority to be obsolete. They preferred to go in for the prevention of destitution. Every year in England there were two and a half millions in destitution. On the other side of this morass of destitution was the Poor Law, a system three hundred years old. Its peculiarity was that it could not give relief until the recipient was absolutely destitute. On the other side of the morass was another ancient institution—the alms of the charitable. Both gave relief; neither did anything to drain the morass. People kept sliding down a number of roads into that morass. First, there was the road of neglected infancy and neglected childhood. There was the road of neglected sickness, the road of the feeble-minded, the road of old age. And, finally—broadest of all roads—the road of unemployment. These were the remedies proposed by the minority. Make the Public Health Authority definitely responsible for the searching out of neglected childhood; the Local Education Authority responsible for the searching out not only of illiteracy but of neglected childhood; hand over all sickness to the Medical Service, and the feeble-minded to the Lunacy Authority; pay pensions to all the needy old, and finally create a new authority to deal with unemployment, not merely to hand over doles as the existing Distress Committee did. The minority regarded their scheme as practical and feasible. The minority report was not socialistic any more than was public health, public education, the army, the navy, or the police. The minority scheme had no necessary connection with the movement towards the nationalisation of the means of production, distribution, and exchange.

PRESERVATION OF CHILDREN'S TEETH.

A paper on "Dental Inspection and treatment of school children," was read by Dr. Andrew J. Laird, Medical Officer of Health, Cambridge. He dealt with the work of the Cambridge dental institute for elementary school children, and in summarising the more important features of the work, he pointed out that from 97 to 98 per cent. of school children have carious teeth; that 30 per cent. have free pus discharging into the mouth; that to overtake the work attention must be devoted in the first instance to the age periods covering the appearance of the six year molar; that re-examination at intervals not longer than eighteen months are essential; that once a child's teeth are properly attended to, no teeth need ever become unsavable during school life; and that systematic class teaching of oral hygiene and the use of a tooth brush should commence with the youngest children. It was absolutely necessary that parental interest should be awakened, and to do this some sort of education campaign should be undertaken. The majority of the parents were not alive to the importance of conservative dentistry.

THE HEALTH OF SCHOOL CHILDREN.

Dr. Prudence E. Gaffikin, School Medical Officer, Enfield, read a paper on "The need of some co-relation between infant mortality work, school medical inspection, and the teaching of hygiene in schools." She said this need must be evident to all who have any knowledge of the physique of the rising generation and any working acquaintance with the ignorance or habits of the class of children which attend elementary schools. She referred to the pitiable waste of time and the comparative uselessness of the school work if they only began their care of the children at school age. They were so often at least five years too late, infant mortality work being still more or less optional and spasmodic. She strongly asserted that half to two-thirds of the imperfections found in the school children were directly or indirectly caused or aggravated by want of care or want of knowledge on the part of the parents during infancy and early childhood. One heard a great deal about the ignorance of mothers, but there were sins, negligencies, and ignorances perpetrated by husbands and fathers that needed more forgiveness than any failure on the part of the average mother.

DRAINS AND TYPHOID FEVER.

In the section of Preventive Medicine and Vital Statistics, Dr. W. N. Barlow, Medical Officer of Health for Wallasey, gave a paper on "The Etiology of Typhoid Fever, with Special Reference to the Drain Theory." He dealt with the various causes of typhoid fever, and remarked that Osler's theory that it was conveyed through the air was not held by the vast majority of those medical men having charge of fever hospitals in this country. That an epidemic could be caused by infected water was universally admitted, while there were also authentic records that milk, flies, dust, oysters, and mussels were modes of conveyance of typhoid. With regard to drains, he said he did not think there was a single epidemic in which any evidence, direct or circumstantial, had been adduced in favour of the sewer and drain gas theory. It seemed to have been a rule, "if you cannot find anything else, blame the drains." Every layman, and a large majority of medical men had acquired the habit of looking upon defective drains as the cause not only of typhoid and diphtheria, but possibly of scarlet fever also. He had never heard defective drains blamed as the cause of other infectious diseases, such as measles and small-pox, with the exception of small-pox in such strong anti-vaccination towns as Leicester and Northampton, although in earlier times small-pox was generally regarded as due to insanitary conditions. Medical text-books were formerly unanimous in ascribing a connection between these three diseases and defective drainage. They were not so unanimous now that people had begun to enquire into the nature of the evidence adduced in favour of the common belief. It was an exceedingly difficult matter to give anything like a definite answer to the question as to what was the effect on the health of the community of emanations from drains and sewers. We know that the air of sewers can be so poisonous as to almost immediately cause the death of those entering the sewer; the rapidity with which death takes place suggested that the poison is chemical rather than microbic. We will acknowledge that the continuous breathing of sewer and drain emanations can cause ill-health, but that is a totally different matter to ascribing to such emanation definite specific illnesses. If they accept the teaching of bacteriologists that typhoid was caused by the Bacillus Typhosus, and he supposed few of them would be so daring as to fly in the face of Providence as represented by the Bacteriologists and deny it, it followed that no accumulations of filth and emanations therefrom could cause typhoid unless impregnated with the Bacillus Typhosus. It followed also that emanations from drains cannot give typhoid unless the bacillus was in the drains. What did the latest experiments on the air of sewers teach them? The more recent experiments of Andrews and Major Horrocks very largely upset the former results. In the report of the Local Government Board for 1906-7, in summarising his results, Dr. Andrews said "from this evidence no less than from that obtained by Major Horrocks, it may be taken as conclusively proved that, under certain circumstances, at all events, sewage gives up its bacteria to sewer and drain air. Such bacteria may form but a small proportion of those present in sewer air. This is likely or they would not otherwise have escaped detection by previous discoverers"; and in the last paragraph he said "that the organisms which I have been able to detect in sewer air are not in themselves known to be prejudicial to health, being for the most part well known saprophytes of the normal alimentary tract, yet their value is evidence as indices of the possible presence of more harmful sewage born microbes." The experiments to which these remarks referred were carried out in the sewers in St. Bartholomew's Hospital, where it was more than probable that among the patients were one or more cases of typhoid. Dr. Barlow further pointed out that although the bacillus coli exists in millions in sewage, Andrews repeatedly failed to find it on his special plates, though he exposed these plates for an hour within a few feet of the sewage. In one case he specially infected the sewage, specially flushed it into a sewer and exposed special plates to catch the bacteria for three-quarters of an hour. Out of four plates thus exposed he found the bacillus he had put in on one only. With regard to Major Horrocks' experiments, these were carried out in Gibraltar, and they convinced him that "a disconnecting trap undoubtedly prevents the passage of bacteria present in the air of a sewer into the house drainage system." Bearing in mind the facts that the bacillus typhosus must be rare in sewers, that the bacillus coli which were innumerable in sewage were uncommonly found in sewer air, and bearing in view the intercepting traps, the fresh air inlet and the outlet of drains, it appeared to him (Dr. Barlow) to be exceedingly improbable, if not absolutely impossible, for typhoid to be contracted from sewer air under any but almost inconceivably bad conditions of any drainage system coupled with infected sewage. These remarks applied with even greater force to diphtheria, because he had never read that any of the bacilli associated with that disease had ever been found either in sewage or in sewer air, in spite of repeated attempts to find them.

COLD STORAGE.

Mr. J. Wemyss Anderson (Dean of the Faculty of Engineering in the University of Liverpool) read a paper on "Cold Storage." The commercial applications of refrigeration, he said, were far too numerous to even attempt a catalogue of them, and yet it was only during the past thirty years that the vast industry had grown. The value of produce imported into this country, subjected more or less to refrigeration, was about one hundred and twenty million pounds per annum, whilst if they took their own products, together with the meat treated at the foreign animal wharfs, "now a small amount compared to a few years ago," they might be sure that that figure did not overestimate the value of food stuffs refrigerated every year, whilst it most certainly would not include such food as fish, butter, and milk, kept in sound condition by ice, or aided (as in butter working or milk cooling) in some secondary manner by refrigeration. Refrigeration had practically superseded all other methods of preventing decay in fresh and uncooked produce. Medical authorities were taking a very firm stand against the use of chemicals for keeping food palatable, while the drying, salting, and smoking methods were not nearly so much used now as formerly. He entered a strong plea for municipal cold stores, pointing out that there were eighty-four towns in England of 15,000 inhabitants or over that were still without a cold store of any kind. Municipalities were always expected to provide markets where things might be exchanged with economy to the community at large, and he held that it was equally important that cold stores should be provided, in which goods not sold might be held over until the next market, and where shopkeepers, generally heavy ratepayers, could store their perishable goods overnight in the summer. It seemed strange that such care should be taken with the milk and water supply, and the inspection of food, and yet no attempt had been made to provide the means whereby the food might be kept wholesome.

TOWN PLANNING IN AMERICA.

Professor C. H. Reilly, M.A. (Liverpool), read an interesting paper, which was illustrated by between 50 and 60 lantern slides, on "Town Planning in America." The modern enthusiasm for, and movement towards, town planning, he remarked, is at least as strong and widespread in America as it is in Germany or with us, but from different conditions and outlook it has so far taken a somewhat different direction. In the first place the movement in America is not so largely or exclusively devoted to regulating the growth of new suburbs; instead it takes the wider aspect of attempting to determine the character and amenities of the town as a whole. Most American cities, except a few on the East Coast, are so new that even where they have grown to several times the size and wealth of Liverpool, as Chicago has, they are still considered fit subjects for drastic modifications from the centre outwards. The suggestion to remodel the chief streets of Liverpool or Manchester, to remove a railway terminus which was obstructing the flow of traffic, or spoiling an architectural vista, would be hailed here, as indeed it has been, as a dream impossible of realisation—the wild imaginings of some unpractical enthusiast—yet such propositions are every day cropping up in America, and in nearly every case owe their initiative and support to the business community. Indeed, it is characteristic of American projects in town planning that they generally start, as the great Chicago plan has started, with the private enterprise of a few public spirited and wealthy citizens. Apart, however, from the philanthropic individuals to whom schemes for the city's welfare make an immediate appeal, who must form a small minority in any community, there is in America, in a way we lack here, a deep and widespread civic pride. It may at present be rather boastful in its expression, but it is nevertheless a real and vital thing. This civic emulation between cities, which the newspapers do a great deal to fan, is no doubt rather apt to seize upon the more showy and bombastic aspects of the town and laud these, while quietly forgetting its slum areas. Still, it must be admitted that any enthusiasm is better than the general English attitude, which only concerns itself with the next penny on the rates, regardless alike of future gains or present amenities. Turning to the actual problems America has to face in the process of remodelling her towns, the first and most obvious is the chequer plan with which, at a minimum expenditure of thought in the first instance, most of the towns have been laid out. The monotony of such an arrangement has to be broken up. What is the best way of transforming this amorphous mass of exactly similar cells in the living organism? The reply of most American town planners has been to clear openings at definite points in the block system, and on the site so formed place groups of related buildings, answering to some definite aspect of the town's activity. Thus we have everywhere schemes—and they are the most popular in America—for administrative or civic centres where can be placed a series of monumental buildings to house the city's executive government. Another group of buildings made at another clearance in the plan may be the educational group, including the University buildings, the public library and technical school, while a third may be called the recreative group, including such buildings as the municipal opera house, theatre, and art gallery. All these various nuclei which are being formed within the matrix of the chequer plan, are then connected with the main arterial roads, which, if possible, run in the direction of the diagonals. In this way an attempt is made to give some definite articulation where none before existed. The fact is, in seeking to give this logical unity to her town plans, America is turning, as she has already done in her architecture and her sculpture, to France rather than to England or Germany for her inspiration. Paris, with its monumental effects, its unsurpassed vistas and opportunities for fine architectural arrangements, its general nobility of scale and sauvity of detail, its air of elegance and civilization, is the idea America openly set herself to follow. For the architect, apart from the socialist, interested in monumental effects, no idea of town planning could be more attractive. Another aspect of the town to which Americans are paying considerable attention is the approach to town by water or by rail. A great number of their towns are naturally enough situated on great rivers and lakes, and though in the past wharves have been allowed to grow up in an indiscriminate way, attempts are being made in many places to secure—what we so greatly lack in the Liverpool landing stage—adequate architectural expression of the city's dignity at the point where the passenger steamers arrive. Where the approach, as at Washington, is by the railway only, not only is the station itself an architectural monument, with great arched entrances symbolic of its purpose, but it also faces a fine open place to be surrounded by public buildings so that the passenger from the moment he alights shall feel the importance of the city he is visiting. There is a further and useful tendency in America to insist that a railway in entering a town should do so either either underground or in a cutting—a point we might do well to copy. Beyond, however, these more architectural schemes, the other great outlet in America for town planning enthusiasm is in providing in every town an adequate system of parks. No first rate American town is now content with a single park, however large, or even a series of parks; she requires a system. She begins with small recreation grounds, as we should call them, but devised on a very different scale, and fitted with public bathing establishments, wading pools for children, gymnasia for adults, and playing fields, all architecturally disposed. The ambition is that these playgrounds should be within half a mile of every inhabitant in the denser parts of the city. After these, and in addition to them, come the ordinary parks in our sense of the term, and after these again are the large reservations of open country and forest land on the outskirts of the town. The three types of park, the playground, the urban park, and the country reservation, are connected by means of wide boulevards and parkways often some hundreds of yards in width. These are either planted with avenues of trees, or where wooded, are left in their natural state. Sometimes when on the side of a hill roads at different levels are provided for differently paced traffic. Though these improvement schemes generally owe their existence to private enterprise, not unnaturally from their character, a great many originate with the architects, and are promoted by their societies. Perhaps the town which has actually carried out the largest civic improvements in the matter of mere building is Cleveland. The laws of the State of Ohio provide that cities of a certain size may appoint a commission to control the character and style of their public buildings and the placing of them on the land taken by the authorities. Under this law a commission of three architects was appointed, at a salary of £1,000 each, to prepare a scheme and a district of dead property near the centre of the town was secured for the purpose. On this are already building to a comprehensive architectural design, the States Government House, the City Hall, the Law Courts, and the

Main Railway Station. This latter will, therefore, form a true municipal gateway by which the visitor will at once approach the heart of the city, and the whole will make a group of buildings which for dignified ensemble it is difficult to find a comparison. Instances such as these might be multiplied almost indefinitely, but he thought enough had been said to demonstrate the immense energy and enterprise with which America is attacking this subject. It must not be imagined, however, that such questions as overcrowding and the provision of suitable accommodation for the working classes are not at the same time receiving attention. Model villages are springing up there just as they are with us, while none too soon is it being realised that unrestricted height of building, if it increases the floor area, may yet render that area unfit for human habitation when air and light are alike excluded. But viewing as a whole the town planning movement up to the present time in America, it is clear that their greatest energy is for the moment not so much directed to the solution of any specific problem, but to making their towns as a whole at once organised and efficient instruments of public service, and, what is never incompatible with this, true and artistic expressions of their ideals and ambitions. And, after all, what better work is there for a man to do than to attempt to make the town the complex necessity of our common life, at the same time the highest and best of our works of art?

SOME LIVERPOOL IMPROVEMENTS.

Professor S. D. Adshead, speaking on "Liverpool and its possibilities as a city," said a city was constantly undergoing a process of change, it never remained the same. As a city developed and unfolded, its different districts, representing its functional organs, must necessarily be enlarged in proportion to one another, and as the central districts were hemmed in on all sides a process of adoption must necessarily subvene. Consistent development depended on capabilities of plan, and on the directness of the main arterial routes. Ground floors of warehouses were converted into shops, and their upper parts into business premises and offices, for the professional class; residential areas had to give place to a manufacturing zone; the middle class were driven out to make way for the poor; and they in turn entered on the domains of the rich. Where streets were uninterrupted regular progression proceeded, but where a sudden interruption occurred in the main artery, or an important public building caused obstruction, trouble ensued. The advent of an important invention like electric traction, or the self-propelled vehicle, caused city upheaval; its reconstruction to the new condition should be taken in hand at once, and should not be shirked. An aggregate of towns formed a nation, and the success of a nation depended not on the efficiency of its Dreadnoughts, but on the organisation of its cities.

In a discussion that took place, Professor Reilly said in America most of the building schemes were put forward as business ventures, and syndicates were formed for buying land. In New Orleans all the main avenues were owned by private families.

Mr. Eccles (ex-President of the Liverpool Architectural Association) asked if any ideas had been obtained by Professor Reilly regarding underground transit of goods.

Professor Reilly remarked that in one town in America there were 60 miles of tunnels for the handling of goods traffic.

Mr. Vivian (President of the Section) said after seeing the horses toiling along the streets in Liverpool, with heavy loads, it seemed to him that something could be done to deal with goods by underground means.

Professor Caton delivered a lime-light lecture entitled "Sanitation among the Ancient Greeks and Romans."

The Lecturer said that all civilized countries were now engaged in an earnest endeavour to banish disease and physical suffering, and not only to lengthen life, but to render the later years of life useful and enjoyable. In his lecture they would have an opportunity of studying the conditions under which the ancients lived 2,000 years ago, and the efforts made to stop the spread of disease. That valuable knowledge had only gradually leaked down to them during the ages. In ancient times the country dweller was a strong and long-lived individual, because he lived in pure air and had no windows to close. They were visited with the most terrible diseases known as "the plague," which carried them off in millions, only about a third of the inhabitants remaining after a scourge. Malaria also played a great part in rendering the lives of the people uncomfortable, the disease being spread by mosquitos, which had their breeding place in foul pools, the inhabitants attacked with this disease being totally ignorant of the causes. They were superstitious, and attributed the outbreak to mistaken causes. Professor Caton showed scenes of the slum areas, drainage and water system, and referred to the housing and lighting in vogue in ancient times. Regarding the consumptives, the greatest care was taken of them, sanatoria, well equipped in every way, being established. Interesting views of drain or water pipes which were made about 5,000 years ago, were shown, and also interesting examples of the potter's art. These latter were huge vases, beautifully decorated on their exterior, and which were used by the ancients for the storage of food and commodities.

SUGGESTED NATIONALISATION OF MEDICAL SERVICE.

Professor B. Moore, of Liverpool, read a paper on the subject of "The Nationalisation of the Public Health Service." He remarked that the establishment by the State of a national medical service would be a distinct advantage. At the present time the appointment of medical officers of health by local authorities was not satisfactory either as regarding the method of appointment or of those appointed. He spoke of cases within his own knowledge where ex-members of boards of guardians were elected to such posts within half an hour of their retirement from such board. In the city of Liverpool, he observed, there was one medical officer, with about a dozen assistants, having more than they could do in the prevention of disease, while outside there were hundreds of qualified medical practitioners waiting for a chance of combating disease. His contention was that the position should be exactly the reverse. State medical service should comprise 90 per cent. of the profession, and the remaining 10 per cent. could practise privately among the middle and upper classes. He advocated this, not for the sake of any benefit which might be conferred upon the individual, but solely in the public interest. For so long as disease was allowed to exist, there was a grave risk to the entire community. Such a scheme would cost between 30 and 40 millions a year, and there were those who said it should not be therefore seriously contemplated. It need not cost the country anything if the money which was now being wasted in other ways was applied to this object. He warmly advocated the establishment of such a scheme which would give medical men power to segregate people affected with pulmonary complaints, and at once eradicate the disease. Sir Lauder Brunton had rather timorously suggested twenty-five years as the earliest limit for the eradication of consumption. If they adopted the method of medical nationalisation he was confident that the disease would be effectually coped with in a much shorter period.

OPEN-AIR SCHOOLS.

A paper on the "Open-air school" was read by Dr. Alice Ker, for Dr. Alice Johnson, Medical Officer of the Lambeth Poor Law Schools. It was pointed out that the London County Council, finding after some years of medical school inspection, that they had about 5 per cent. of children who were deriving no benefit from the ordinary school curriculum, started their first open-air school three years ago at Bostall Woods, near Woolwich, and a year after schools were started at Shooter's Hill, Kentish Town, and Forest Hill. About 90 children, between the ages of 7 and 14, were admitted into each school. The children arrived by trams to the schools at 9 a.m. They had breakfast of milk, porridge, and bread and butter. Two and a half hours of lessons followed, judiciously broken by games, and a lunch of bread and butter in the middle of the morning. Dinner consisted of meat, two vegetables, and a pudding. There followed a two hours' sleep in the open, either in a deck chair, or what was better, a hammock. After describing the curriculum, it was stated that in the afternoon there was no school work, properly so called. They were trained in manual work such as gardening, straw and string work, needlework and organised games. This year the children were going through a course of historical colonisation, beginning with the Roman occupation of Britain, and ending with South Africa. Vegetable nature study was shown by the development of seeds, plants, flowers and fruit. All cases of defective teeth, enlarged tonsils, adenoids, discharging ears, and defective vision, were recommended for treatment and operation before admission into the schools, and in many cases this had been carried out. Satisfactory as the results had been, they would be even more so if the children slept the nights at the fresh, open-air schools, instead of returning every night to their stuffy and insanitary homes. The children increased in size and weight, their backs strengthened, they became more alert and vivacious, and in some cases were able to carry the gospel of cleanliness and open windows into their own homes.

MEAT INSPECTION.

A paper was read by Professor Gerald Leighton, M.D., Edinburgh, on "Meat Inspection."

In the course of his remarks, he said that more satisfactory methods in regard to meat inspection were urgently needed. The time had arrived when every town of any magnitude ought to be compelled to provide a public slaughter-house under the control and management of the Corporation or Town Council, which slaughter-house should be adequate to all the needs of that locality, and outside which no slaughtering should be permitted. It was quite time the abominations of private slaughter-houses were swept off the face of the earth. The private slaughter-house was most objectionable, and ought not to be allowed. In regard to the superintendent of a modern abattoir, this official should be a man of skilled knowledge in the many and complicated duties which fell to his lot. A discrepancy in our present system was the variation which was found to obtain in the qualifications of those who were appointed for the other important work of meat inspectors. He hoped the day was not very far distant when the entire work of meat inspection would be placed in the hands of those who alone were thoroughly competent to deal with it, namely, veterinary surgeons—acting, of course, under the administration of the Medical Officer of Health. He emphasised the desirability of there being a uniform standard of meat inspection throughout the country. The honest and scrupulous trader was actually penalised, and this would remain the case until the Government and our Public Authorities awoke to the necessity of insisting upon an absolutely uniform and universal standard of inspection for every single carcase which was slaughtered for human food. In order to achieve such uniformity he would suggest that every person who was responsible to the Medical Officer of Health for what was seized and condemned, and what was passed as fit for food in a public slaughter-house should have precisely the same training. The subject of meat inspection should be taught in a definite way by specified teachers for a definite period of time, and the students should be compelled to pass a uniform standard examination drawn up by some qualified body.

Professor Woolridge, of the Royal Veterinary College, London, said it was essential that the superintendent of an abattoir should be a

Veterinary Surgeon. Efficient meat inspection did not limit itself to the overhauling of the carcase after the animal had been slaughtered. The superintendent should be competent to detect anything wrong in the animals before they were slaughtered.

The President said they should all be agreed that there could be no proper system of meat inspection until by enactment it was decreed that animals intended for human food should be slaughtered in abattoirs under the public control.

Sir John M'Fadyean, in his Presidential address to the Pathological and Veterinary Hygiene section, dealt with the question of tuberculosis in animals, and gave it as his opinion that the eating of food affected by tuberculosis did not necessarily reproduce that disease. From experiments that had been made at Breslau and other places he was inclined to think that consumption of the lungs was due to inhalation and not to intestinal trouble. Moreover, he thought there must be great inhalation before such an affection could happen.

Sewage disposal formed the subject of the address delivered by Professor Sir W. Ramsay to the Bacteriology, Chemistry, and Meteorology section. He discussed some of the findings of the present Royal Commission on "Sewage Disposal," appointed so long ago as 1898, of which he is a member, and pointed out that though its investigations had already lasted twelve years, they could, and must be continued. He advocated the establishment of a central authority to carry on the permanent work, to advance a knowledge of the agents involved in sewage purification, and to act as supervisors in matters of dispute affecting River Boards, which he felt ought to be increased.

Sir Alexander R. Binnie delivered the Presidential address to the section of municipal and county engineering. He quoted statistics showing the great increase that had taken place during the last hundred years in both population and trade returns, and analysed the proportion in which the wealth of the country was distributed among its inhabitants. The provision of Old Age Pensions not only actually relieved about 650,000 persons over 70 years of age, but removed from a much larger number the anxieties which oppressed most of them as to what must result when their failing powers no longer enabled them to earn the means of livelihood. The great problem to which they had to direct their attention in the future was how they could induce the large mass of the lower orders to take advantage of the facilities now afforded for better health and cleanliness? To his mind, the great problem was a simple one, the inculcation of the idea of personal cleanliness, for without that they could hardly anticipate self-respecting people.

Papers were subsequently read on "Reinforced concrete," by Mr. Arthur C. Auden; and "Some profitable methods of utilising municipal waste," by Mr. L. St. G. Wilkinson (Oldham).

Mr. W. Urquhart (Crewe) presided at a conference of Sanitary Inspectors, and in congratulating the members on the progress that sanitation was making, attributed the physical deterioration of many children of the present day to the wretched housing conditions, the evils of which the new Town Planning Act would cure. Among many subjects requiring the attention of Parliament he said were the milk question, dairies, and cowsheds, matters coming under the Food and Drugs Act, and the relations of Inspectors of Factories and the Sanitary Authorities. Another important requirement was the consolidation of the Public Health Acts with the provision of a Public Health Department and a Minister of Health. Some much needed reform was required in regard to the training of Sanitary Inspectors. They could not too strongly deprecate the flooding of the country with theoretical Inspectors, as was done at present.

Papers on "The uplifting of sanitation," and "The Sanitary Inspector in a rural district," were read by Mr. Frederic C. Lewis and Mr. John Storey.

One of the advantages of a Congress such as this arises from the opportunities afforded for visiting the various municipal enterprises of the particular town visited.

In addition to the central municipal buildings of the Corporation of Birkenhead, your delegates took the opportunity of visiting various schools, the municipal abattoirs, the foreign animals slaughter-house, the beautiful Upper Park of Birkenhead, the refuse destructor, and the fever hospital.

WILLIAM LEE,
Chairman.

E. H. SNELL,
Medical Officer of Health.

COVENTRY EDUCATION COMMITTEE.

REPORT OF THE SPECIAL SUB-COMMITTEE APPOINTED TO CONSIDER MEDICAL TREATMENT FOR SCHOOL CHILDREN.

December 30th, 1910.

Your Special Committee beg leave to report that

1. The subject referred to them was the consideration of the whole question of medical treatment for school children, the matter having arisen partly through the application of the Coventry and North Warwickshire Hospital for a grant in aid from the Local Education Authority, and partly from the passing of the Local Education Authorities (Medical Treatment) Act, 1909, providing for the recovery of costs for medical treatment of children attending Public Elementary Schools.

The Special Committee was appointed by the Education Committee on 15th December, 1909, and consisted of the Chairmen and Vice-Chairmen of each of the Standing Sub-Committees, viz. :—

Mr. Alderman Batchelor.
,, Councillor Bettmann.
,, ,, Copson.
,, ,, Poole.
,, ,, Pugh.
,, J. I. Bates.
,, T. Burbidge.
,, W. Jones.

During the course of their deliberations, certain changes in the occupancy of the above offices having taken place, the following gentlemen also became members of the Special Committee, viz. :—

Mr. Councillor Lee.
,, ,, Soden.
,, S. Gorton.

The Special Committee have held five meetings.

2. In dealing with the question your Special Committee first considered whether it was desirable for any action to be taken beyond that now adopted, viz., notifying the parents of the child's condition and relying upon the Children Act to deal with gross cases of neglect. Before coming to a decision upon the point your Committee conferred with the Medical Officer, who subsequently submitted the following report upon local conditions and requirements :—

To the Special Committee of the Education Committee.

Your Committee has instructed me to report concerning the general question of the medical treatment of school children.

This report has been somewhat delayed owing to the necessity of completing my annual report for 1909; this has given me the advantage of more fully considering this matter, which is one surrounded by numerous difficulties concerning questions of policy, and also we are now in possession of a report of a recent conference between a deputation of the British Medical Association and certain officials of the Board of Education, a conference which was mainly concerned with the policy which has been tentatively adopted by the London County Council.

In the first place it is necessary to premise that the Education (Administrative Provisions) Act of 1907 made it compulsory on every Education Authority to make provision for the medical inspection of school children at certain periods in their school life to be determined by the Board of Education. The Act also made it *optional* for each Authority to make arrangements for their treatment; in the words of the Act this Authority has "the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools."

It will be seen that the provision of treatment by the Authority is purely a voluntary matter, to be determined by each Authority, and cannot by the Act be imposed by the Board of Education.

It has been urged on many hands that the provision of treatment by the Authority must follow inspection as a necessary corollary; that since inspection is provided, treatment must also be provided. This does not appear to me to bear examination. For the past 35 years it has been compulsory on each Sanitary Authority to make provision—in the shape of proper officials—for the discovery of nuisances and other insanitary conditions in its area; it has not yet been suggested that this compulsory inspection should be followed by making it compulsory on each Sanitary Authority to go to the expense of correcting defects found; the Authority instead is provided with powers whereby it can make the owners of the defective property correct the defects.

By the Children's Act, 1908, each Education Authority is given certain limited powers, which will probably be of some use in meeting cases of gross neglect on the part of parents in obtaining medical advice for their children.

It seems to me clear that any reasons that may exist for the provision of treatment by an Education Authority, at the present time, are not to be found in the innate and general necessity for this provision, but are rather to be found, if at all, in any failure of the existing medical agencies and conditions to meet the demands shown to exist on medical inspection.

It may also be suggested that there exist reasons why, at the present time, it is undesirable for Education Authorities to launch into any wholesale provision of systems of medical treatment. It is as yet doubtful when the time will arrive when a Government will find leisure to act on the Report of the Poor Law Commission ; but it seems certain that this event will have to arrive ; in which case it may be confidently anticipated that a scheme will be evolved for meeting the medical needs of poor people better than is done at present. It may also be anticipated that any such scheme will not be placed in the already full hands of Education Authorities. If, and when this comes about, it may be further confidently expected that any necessities that at present exist in the matter of the treatment of school children will be considerably diminished.

From the foregoing considerations it will be seen that in my view, the matter on which I have to report narrows itself down to a discussion of those matters in relation to the treatment of school children which are not properly or fully met by existing agencies.

In regard to ordinary medical defects it may be suggested that there exist ample facilities for parents to obtain treatment at the present time ; (1) There are the numerous private medical practitioners, many of the parents of children in your schools resort to them and pay private fees ; (2) There are several medical agencies, such as medical services, dispensary, and private medical clubs from which ordinary medical treatment can be obtained on the contract system of paying a penny a week for each member ; (3) There is the Coventry and Warwickshire Hospital, which treats either serious or trivial ailments, without enquiry as to the financial position of the patient (unless reliance on the subscribers in the distribution of tickets can be regarded as an enquiry) ; and (4) There are the Poor Law agencies, which are available for the "destitute."

It may be thought that there should be few people whose ordinary medical necessities should not be expected to be met by one or more of these agencies. In regard to the medical clubs I believe that a very large proportion of the population of this City rely on these for their medical attendance.

So far as I am aware there is only one Education Authority (Bradford) in the country, where the Authority provides a clinic for the general treatment of school children. In those few other places where some provision is made this has been for certain special diseases or kinds of defects, which do not appear to be properly met by existing agencies.

These group themselves under the following heads :—

(1) Eye defects.

(2) Ear and throat diseases.

(3) Skin diseases.

(4) Teeth.

I. EYE DISEASE AND DEFECTS.

These are mainly errors of refraction. It is apparently a fact that the ordinary general medical practitioner is so seldom consulted on this matter, that he does not lay himself out for the treatment of errors of refraction; the somewhat tedious practical work involved by a continuous attendance in a hospital out-patient room for eye defects is often crowded out of the education of the medical practitioner by more important matters; also the necessary equipment of test glasses is too costly to be incurred without some promise of a return of the expense. At the same time some medical men do undertake this work; it would, however, be somewhat invidious for an Education Authority to take upon itself the function of advertising the names of these, even if it were acceptable to the particular practitioners, which it certainly would not be. There are, further, Oculists who specialise on eye defects; there are two who attend at certain hours in this City, at their private chambers, one of whom may be consulted on certain days at the Coventry and Warwickshire Hospital. It is highly important that efficient advice should be available for these most important defects; the manufacturers of spectacles, opticians, are often consulted by the public as to the kind of spectacles, if any, which should be obtained; this is on a par with the consultation of the public with chemists, the compounders of medicines, who have had no medical education, as to the physic which is appropriate; often no physic is called for, it may be a change of diet, or an operation that may be wanted, but physic may be expected; often spectacles are not called for, or may be harmful, but under the circumstances they may be expected to be advised and obtained. Spectacles should never be provided for children except on the advice of an oculist or of a medical practitioner prepared to advise on this matter. An oculist's advice is necessarily the most expensive, but there are few oculists who would be unwilling to reduce their customary fee to working men; the figures which I have previously given in other reports as to the large number of eye defects which remain unattended to, although the parents are informed, are probably largely accounted for by the ignorance of the public as to how best to obtain the necessary advice.

This question of the correction of eye defects in school children is to my mind one of the most urgent, in that money is now being spent on the education of children who are not physically equipped to make the best use of it.

The question to be solved, therefore, is as to whether your Committee will continue to depend on existing agencies to meet the demand for this kind of treatment, or whether you will supplement them by placing such advice at the disposal of parents who obviously cannot afford to pay for it. I introduce the latter condition for the reason that the Board of Education has intimated in one of their Circular Letters (No. 596) that before sanctioning the establishment of any "arrangement" they will require to be informed "what precautions the Local

Education Authority will take to secure that only those children shall be treated in a School Clinic for whose treatment adequate provision cannot otherwise be made, whether by the parents or by voluntary associations or institutions, such as hospitals, or through the agency of the Poor Law."

By the Local Education Authorities (Medical Treatment) Act, 1909, it is made compulsory on Authorities to recover the cost of treatment unless they are satisfied that the parent is unable to pay.

(1) Existing agencies. It has already been seen in this City that the existing agencies are not meeting the demand which exists in this respect. The Hospital eye out-patient department is already overcrowded by the number of school children who find their way there, mainly to have errors of refraction corrected. The Secretary of that Institution informs me that last year there were 460 separate children of school age who were treated in the Eye Department of the Hospital. The Honorary Surgeon of that Department has on more than one occasion drawn his Committee's attention to the way in which the work of that Department is being swamped by school cases; and it was on account of one of those representations that the Committee of the Hospital approached the Council to enquire whether some subscription could not be made by the Corporation on account of the number of school children who were being treated there.

It here becomes necessary to enquire whether such a subscription would in any way cure the existing want of facilities.

The general question of the advisability of the Corporation subscribing to the Coventry and Warwickshire Hospital is not now under discussion. Much might be said in favour of such a course. Indeed much might be said in favour of such a necessary institution as a general hospital belonging to the town and being managed by a public body, instead of being a private institution privately managed, which could be closed at any time probably by the vote of the subscribers, the owners. What your Committee has now under consideration is quite another matter. You are being asked to subscribe a quid pro quo for certain work which is done at the institution which is of benefit to school children.

An obvious criticism at first presents itself. The hospital is presumably open to people of all ages, and provided that their illnesses or their poverty make them fit subjects for the benefits of the institution, the hospital must be logically regarded as open to children equally with people of other ages.

A subscription from your Committee would certainly increase the cause of complaint of the Honorary Surgeon; in exchange for the subscription you would probably receive a certain number of subscribers' tickets; and more children would be sent there than at the present time.

If this is a fit place for making the suggestion, I would submit that the complaint of the Surgeon would be best met by the Hospital Committee by their taking some steps to prevent either children or anyone else being treated in that Department who are in a position to pay for their treatment; the Honorary Surgeon informs me that he has drawn his Committee's attention to a long list of gross cases of abuse, but that nothing has been done to check this.

There is also another aspect in which this question may be viewed. If 400 school children are tested for eye defects at the Hospital in one year, how much money does this take out of the funds of the Hospital? I suggest that this would amount to less than £5 per year. What is given is the time and work of the Honorary Officer, who naturally complains when, occupying an unpaid position, in which he offers to give his attention to *poor* people, nothing is done to ensure that this condition is complied with.

Again, this institution is a *charitable* institution, and I feel it reasonable to submit that if your Committee does take steps to obtain treatment for children, there is something to be said against educating them, so early in life, to resort to charities.

(2) There is the alternative of your Committee providing your own Oculist. If your Committee is going to provide treatment of any sort, I think there is much to be said in favour of appointing officials of your own to do this work. This could either be done by salary or by payment per case. At the present time it would be difficult to suggest a salary inasmuch as in the absence of details as to the arrangements which would be made, it is difficult to foresee what work would be entailed. I have estimated that in ordinary years we shall probably find about 400 school children who will require skilled attention in regard to their eyes. If steps are taken to see that those who can afford to pay are not provided for, perhaps the figure to be dealt with by your Committee would be half this number. In the absence of better information probably it would be best to think of a payment per case until such time as the work became defined. The usual Oculist's fee is one guinea. I have before said that there are probably no oculists who would be unwilling to lower this fee substantially in the case of working men. In conversation with an oculist I learn that in the case of a contract price, where a large number of children had to be dealt with, a fee of 5/- per case would be reasonable. In this case, if the above estimate be correct, the expense would amount to £50 per year.

Some allowance would have to be made also for the actual provision of spectacles, where these could not be afforded; the price of these varies, but probably averages 2/- to 3/-. Hitherto your Committee has had a small fund to meet extreme cases; the existence of this fund has not been well known, and consequently only those cases specially referred by me have been assisted; this accounts for the number of applicants being small. In the event of your Committee taking such steps as those described above, a larger number of deserving cases would come to light.

In regard to rooms and instruments, no expense need be incurred; the rooms of the Oculist could be recognised as the school eye clinic, and certain hours specified when school children could be seen there. By this means, and the making of appointments for the children, it would be possible to avoid the long weary hours of waiting which are entailed by attendance at the Hospital.

II. EAR AND THROAT DISEASES.

A deficiency also exists in the treatment available from the existing agencies in regard to these complaints. One of the commonest complaints is enlarged tonsils and adenoids. This often requires an operation, and an anæsthetic. Only a certain number of the medical men practising in the town, I understand, undertake these operations, but I have been informed that there are some who undertake the operation at a reduced figure for working people; in any event the expense must amount to a guinea or more. This acts as a deterrent. And a large number of children find their way to the Coventry and Warwickshire Hospital. I am informed by the Secretary that 401 children of school age were treated in their Ear and Throat Department in 1909.

There are many reasons why in the matter of providing treatment your Committee should move slowly and tentatively. In this connection one of these reasons certainly exists in the fact that there is an impending vacancy in the post of Aural Surgeon at the Coventry and Warwickshire Hospital, and an effort is going to be made to obtain the services of a specialist. It may therefore be best to await the steps taken by that Hospital before considering this matter.

III. RINGWORM.

The deficiencies which are met with in the treatment of this disease I have previously reported on to the Elementary Education Sub-Committee. The disease in due to a parasite affecting the hairs; when it affects the skin elsewhere than the scalp it is easily curable by applications in one or two weeks; when it affects the scalp, it is often very difficult to cure by the use of applications. And even under the most fortunate conditions it is rare for a case of ringworm of the scalp to be cured by the use of appropriate drugs properly applied in less than a month or six weeks. The average time is very considerably longer than this, and in some cases the disease persists for years.

A more modern way of treating the disease is by the use of X rays; by its proper use the disease can generally be cured in a few weeks. The treatment is necessarily more expensive, and locally I believe that there is a difficulty in obtaining it. Some year or so ago, the Elementary Education Sub-Committee nearly entered into an arrangement for the treatment by X rays to be undertaken by a medical practitioner who has the necessary apparatus, but at the last moment the medical practitioner declined the work. It is necessary that this work should be undertaken by one experienced in the matter, otherwise it is liable to be a source of danger both to the operator and to the patient.

Very little has yet been done by other Authorities to meet this and other difficulties brought out by the medical inspection of children ; one or two, however, e.g., London and Croydon, have made arrangements by which a certain number of children affected by this disease may receive the X ray treatment.

Unless this treatment can be offered, there would not appear to be any advantages in thinking of starting a clinic for this disease inasmuch as nothing could be offered in the way of treatment which should not be equally well obtained from any medical practitioner.

In the absence of any local medical man who is willing to undertake X ray work, I am at a loss to recommend what steps, if any, could be taken in the matter ; perhaps, in the future, it may be possible, if your Committee so desires, to offer an inducement sufficient to obtain such services.

IV. TEETH DEFECTS.

This is the last, but not the least important of the matters in which existing agencies fail to meet the demands of the children. My annual report for 1909 contains a considerable section—written by Dr. Weaver—on this important matter.

The only town in the country where any serious attempt has been made to grapple with this question has been Cambridge, and in this instance a special school clinic of dentistry has been started, mainly by private benevolence. The great difficulty is the expense. Conservative dentistry is very expensive, and is generally much more than can be met by the average working man. Probably if anything were undertaken in the matter it would be found that the appointment of one or more whole time officers would be found the cheapest. Perhaps it might be best also to think of the placing of such officer or officers under the supervision of a more permanent and resident senior dentist. But before anything were thought of being done I think it would be wisest to have, in the first place, a conference between your Committee and the qualified practising dentists of the City.

The following is a short summary of the different methods of providing treatment which have been attempted by different authorities.

(1) Subsidising charitable institutions. The London County Council, after considerable negotiation, have found eight Hospitals willing to undertake the treatment of a certain number of school children in return for a payment made to the institutions. The defects dealt with are those connected with diseases of the eye, ear, throat, nose and skin. So far no arrangements have been made in London for dealing with decayed teeth. The scheme is only authorised by the Board of Education for a year, and it appears highly probable that the method will in the future be altered.

A somewhat similar course appears to have been adopted in the following areas:—

Ely, Gosport, Oldham, Sheffield, Smethwick, Somerset, Sussex W., Isle of Wight, and Plymouth.

(2) School Clinics. Bradford has a well appointed school clinic; the same kinds of diseases are treated here as those before-mentioned, and apparently patients are treated irrespective of their ability to pay; the clinic resembles the out-patient department of a large hospital; the following authorities appear to have established clinics on a very much smaller scale and generally for certain defects:—Brighton, Croydon, Reading, Abertillery, Southampton, and York.

At Cambridge a dental clinic, which was in the first instance started by private benevolence, is in existence, and this is the only school dental clinic.

(3) Some form of public medical service. A scheme is being put forward for Derbyshire; this is a huge scheme for a kind of provident medical service; periodical contributions are supposed to be voluntarily made by the parents; these are collected by the teachers, and go towards paying for the medical services of practitioners throughout the county in treating certain defects.

At Wandsworth, Hampstead, and South Norwood schemes are also in hand for the provision of medical services, the expenses here being borne by the Education Authority, the medical men being nominated by the local medical association and approved by the Medical Officer to the Education Committee of the London County Council.

E. H. SNELL,
Medical Officer.

April 26th, 1910.

After consideration of this Report your Special Committee came to the conclusion that further action was necessary and desirable not only because of the serious dislocation in educational work caused through the exclusion from school of a large number of children by order of the Medical Officer, but also owing to systematic medical inspection of the children having revealed the existence of a mass of physical ailment which, left unremedied, is a serious menace to the future well-being of the children suffering therefrom.

3. The Medical Officer was therefore instructed to prepare a scheme showing arrangements by which the Local Education Authority could provide treatment for the following cases:—diseases of the eye; ringworm; diseases of the ear and throat; defective teeth.

The Medical Officer accordingly submitted the following report:—

To the Special Sub-Committee of the Education Committee.

Your Committee having at its last meeting (on June 13th) considered my report on this matter, dated April 26th, provisionally approved of the principle of the Education Committee providing facilities for medical treatment of certain defects by school clinics, and referred the matter to me for report as to the details of a scheme.

In considering the details of a working scheme, I have borne in mind the advice given on this subject by the Board of Education, contained in their Circular Letter 596 (August 17th, 1908), which was:—

> "The establishment of School Clinics for purposes of *treatment* of defects revealed by inspection gives rise on the other hand to questions of considerable difficulty, and, before sanctioning the establishment of a School Clinic as an "arrangement" under Section 13 (1) (b) of the Act, the Board will require to be furnished with detailed information as to the methods and scope of the work which it is proposed to do. They will, in particular, require to be informed:—
>
> (1) What precautions the Local Education Authority will take to secure that only those children shall be treated in a School Clinic for whose treatment adequate provision cannot otherwise be made, whether by the parents or by voluntary associations or institutions—such as hospitals, or through the agency of the Poor Law;
>
> (2) what precise diseases and defects will be treated;
>
> (3) by whom, and on what terms and conditions the treatment will be carried out, and what will be its extent;

(4) what is the estimated cost of the Clinic in respect of buildings and equipment, maintenance and administration, and treatment, and how it is proposed to meet this cost, out of the rates or otherwise."

It will be seen from this advice that the Board does not consider that treatment should be provided where the parents can afford to pay for it, or if they are in a position to beg it at some charitable institution.

It may be noted at once that this advice is not consistent with the view of Parliament on the matter, as since expressed in the Local Education Authorities (Medical Treatment) Act, 1909. That Act certainly contemplated that treatment would be provided for more than those who could not afford to pay, in that the special reason for passing of the Act (contained in Clause (1)), was to make it compulsory on Education Authorities, who undertook Medical Treatment, to charge the cost of the treatment to the parent and to recover it summarily as a civil debt ; this obligation is only relaxed where the Local Authority is satisfied that the parent is unable, by reason of circumstances other than his own default, to pay the amount. I presume, therefore, that any scheme for the provision of treatment locally adopted will be for the benefit of all children irrespective of ability to pay ; and as far as I understand the wishes of your Committee, the Treatment to be provided is that which for any reason there may be difficulties in the parents providing for themselves.

So far as recognised, these difficulties exist to a greater or less extent locally, in the following classes of defects :—

(1) Eye diseases.
(2) Ringworm.
(3) Ear and throat diseases.
(4) Defective teeth.

I. EYE DEFECTS.

In my report dated April 26th, I suggested the appointment of an Oculist, to be paid at the rate of 5/- for each case dealt with. I had estimated that there would probably be 400 eye cases requiring treatment per year ; and that perhaps 200 of these only would find their way to the Oculist. This would mean an expenditure of £50 per year.

If your Committte complies with the requirements of the Local Education Authorities (Medical Treatment) Act of 1909, a variable amount of this money would be recovered from the parents ; the recovery of such money, however, would undoubtedly tend to diminish the number of those who consulted the Oculist, and would probably tend to cause those *who could afford to pay* this reduced fee to seek advice at the Hospital.

Some expense would also have to be incurred in the provision of the spectacles ordered, unless this—as at present under Hospital arrangements—were left to the parents to provide, a small charitable fund helping those few cases where extreme poverty existed. No expense need be incurred for a room or instruments. The Oculist would probably prefer to provide his own instruments and to use his own rooms.

On the question of the recovery of money your Committee will probably give instructions as to the policy you deem desirable. Doubtless if money is to be recovered you would place the superintendence of it in the hands of your Secretary whose School Attendance Officers could be employed to ascertain the financial position of those parents who desired to be excused from payment.

In regard to the arrangements to be made for the children to see the Oculist appointed, these would not appear to be difficult. At present a notification of an eye defect to a parent is accompanied by advice that he should consult his medical attendant. I think that this course should be continued.

Some medical men in practice do undertake the prescribing of spectacles and it would not do for the Education Committee to issue broadcast advice that parents should consult and consult only the Oculist appointed by them.

A counterfoil could be attached for the medical man to sign should he consider that the case should be referred to the Oculist. In the event of your Committee proposing to recover the expense systematically, a note to this effect should appear.

To prevent irregular attendance at the Oculist's rooms it would probably be preferable that applications for appointments should be made prior to children being taken to him. A limited number could then be sent on each available day and excessive waiting be in this way avoided.

II. RINGWORM.

It has been previously reported to your Committee that there exist various reasons why difficulties are met with in obtaining efficient treatment of ringworm of the scalp. Among these reasons are :—

(1) The inherent obstinacy of the complaint.

(2) The fact that it is regarded by some medical men as somewhat trivial and it consequently receives sometimes insufficient attention.

(3) The fact also that some medical men fail to recognise some of the less obvious cases as ringworm (this has here led to a considerable amount of correspondence and re-examination of children).

(4) The frequent failure of drug treatment to speedily eradicate the complaint.

It appears clear therefore that if a clinic is started it should be an X ray clinic for the treatment of the more obstinate cases. The first difficulty met with is the fact that the superintendence of such a clinic must be in the hands of an expert in X ray treatment. And as far as I can gather there are no medical men in the near neighbourhood who would be willing to undertake this work. If this be correct the first thing to arrive at appears to be to ascertain whether assistance could be obtained elsewhere. In order to arrive at a conclusion on this point I have had a conference with Mr. Hall Edwards of Birmingham, who (with his partner Dr. Emrys Jones) has had more experience in this work than anyone else in the Midlands. From that conference I concluded that—

(1) An appropriate room could be fitted up with the necessary apparatus for from £100 to £130.

(2) A nurse should be available to assist.

(3) Although it is difficult to estimate the amount of time which in the long run would appear necessary—probably more time would be necessary at first—to cope with a large amount of back work; and that tentatively it would be reasonable to suggest that one half day of three hours a week should be occupied at first.

(4) That the services of an experienced Specialist could be obtained for an expenditure of from 3 to 4 guineas per half day.

A similar procedure would appear appropriate in this case as in the Eye Clinic. Medical men should be invited to refer cases to the clinic, especially those cases that appeared to resist drug treatment.

It will also be necessary for your Committee to decide concerning the policy of reclaiming from parents the expense of the treatment and the amount to be reclaimed.

III. EAR AND THROAT DISEASES.

Some difficulties enter into the consideration of a clinic for Ear and Throat Diseases, which do not exist in those previously considered. These arise from the fact that a large proportion of the cases are adenoids and enlarged tonsils, requiring operation. The Secretary of the Coventry and Warwickshire Hospital kindly informs me that last year there were about 401 cases of children at school age seeking relief in the Out-patient Department of that Hospital, and that 84 per cent. of these were operation cases. Most of them would require the assistance of an Anæsthetist. The payment of recognised operation and anæsthetic fees for each individual case would obviously be an expensive matter. In order to arrive at a reasonable conclusion on the question, I have conferred with Dr. Sydenham, the newly appointed Surgeon to the Ear and Throat Department of the Coventry and Warwickshire Hospital. As a result of that conference, I think it is reasonable to suggest that if your Committee decide to start an Ear and Throat Clinic

(1) An appropriate operation room and waiting room should be fitted up. The fittings necessary need not be elaborate. They would consist of an operation table, with a good light (both natural and artificial), with a supply of water and means for heating it.

(2) It would be reasonable to require the Surgeon appointed to provide his own instruments.

(3) A nurse should be provided to be in attendance.

(4) Probably one half day per week might suffice for the work and perhaps less than this.

(5) A reasonable payment for the Surgeon would be 2½ guineas per half day of two hours, he being required to provide his own anæsthetist.

A similar procedure could be adopted here as in the previous cases. Medical men could be invited to recommend cases for the clinic; in this way only those cases that could not get the appropriate treatment from their own medical attendant would appear at the clinic.

IV. DENTAL DEFECTS.

Your Sub-Committee has decided to confer with the resident practising qualified dentists of the City as to the feasibility of instituting a dental clinic; these are as follows:—Messrs. Jepson, Makepeace, Vickery, and Dr. Harris. I have made a preliminary communication to these gentlemen on the matter, and I have suggested that probably the principal questions that would arise at such conference would be:—

(1) As to whether any workable arrangement could be entered into with the resident dentists for undertaking this work.

(2) Or whether it would be reasonable to suggest a whole time appointment as better

(3) And as to the relative cost of these alternatives.

These dentists have been furnished with copies of my annual reports and are therefore in possession of figures from which an estimate of the amount of work involved may be obtained.

After consultation with your Secretary, I have thought it best to postpone the arrangement of the proposed conference until these preliminary matters had been considered.

As a result of my communication with the practising dentists, these have had a conference on the matter and have sent me the following letter:—

22, Warwick Row,
Coventry,
Oct. 3, 1910.

Dear Sir,

We, the undersigned, beg to thank you for your communication addressed to us individually, in reference to the dental treatment of School Children, and note the Sub-Committee of your Education Committee would like to know, if we, the practising Dental Surgeons of the town, could formulate a scheme that would be of assistance in guiding them as to the practicability of the work being undertaken by us, and also the approximate cost of such services.

Taking in their order the questions raised in your letter we would suggest

(1) That the work could be advantageously carried out by our agreeing to give one day each per week of the school terms.

That the hours of attendance be 9 till 12 and 2 till 4.

That a room be fitted up with the necessary Dental furniture and equipment.

(2) That an arrangement such as this would tend to the better treatment of the children, than an all time appointment.

(3) That under some such scheme the relative cost would be practically the same.

That the remuneration be at the rate of a guinea and a half (£1 : 11 : 6) per day.

We shall be pleased to meet your Sub-Committee to discuss the question, and if the Committee decide to adopt a Dental Clinic on some such lines as we suggest, we shall be happy to assist them in every way.

(Signed) CHAS. HARRIS,
A. VICKERY,
ALFRED J. MAKEPEACE,
ALFRED B. JEPSON.

To DR. SNELL,
Medical Officer of Health,
Coventry.

STAFF.

It will be seen from the foregoing report that if this scheme be carried through, the services of a Nurse for attendance at the various clinics will be necessary (except in the case of the Eye clinic) : if the days are suitably arranged one Nurse could do this work; and her salary should be the same as that of the present School Nurse, *i.e.*, £80 rising by £5 per year to £100.

Also if the work of the various clinics is to be supervised and arranged for from my office it will involve a large amount of clerical work which could not possibly be undertaken by the present clerk; it would be necessary to appoint a Junior Clerk to assist in this work.

RECOVERY OF COST.

The matter of charging the cost of treatment to parents where able to pay involves some difficulties in the way of determining the actual cost of the treatment in individual cases; this cannot well be determined except in eye cases—if the suggestions for payment adopted in this Report be accepted—until the end of the year, when we shall know the number of children treated. Also the attention received will probably vary much in individual cases. In spite of this it may be most feasible in practice to adopt uniform fees.

It will be necessary for your Committee to determine some standard of wages and size of family for guidance in remitting or reducing the fees.

These questions however your Committee will probably think best to postpone until it is determined whether such clinics shall be instituted or not.

In the meantime I understand that your Secretary has obtained information as to what is done elsewhere which will probably lend some assistance to your Committee.

E. H. SNELL,
Medical Officer.

October 25th, 1910.

4. After considering this report your Committee instructed the Secretary to submit an estimate of the cost of carrying out the suggested arrangements, assuming that eye, ear and throat cases were treated at the rooms of specialists appointed, and that the other cases were dealt with in the Committee's premises.

The report of the Secretary was as follows:—

22nd November, 1910.

In accordance with the instructions of the Special Committee given at their meeting on Friday, 28th October, 1910, I beg leave to submit herewith an estimate of receipts and expenditure in connection with Remedial Treatment for School Children, as outlined in the Medical Officer's Report of 25th October, 1910.

As instructed, I have arranged the estimates to show separately the cost of treating each group of cases, and, as further instructed, I have prepared estimates assuming that ringworm and dental cases would be treated in premises belonging to the Education Authority, and that eye, ear and throat cases, would be treated in the rooms of the specialists appointed to carry out the work. In connection with ear and throat cases, however, I understand that there may be difficulty in carrying out this arrangement. At the same time it should be borne in mind that the Authority's lease of the Offices in 13, Priory Row, expires at the end of September, 1912, and that the accommodation available is somewhat inconveniently placed, being on the 2nd floor of the building. Under these circumstances, it appears worthy of the Committee's consideration whether it might not be more economical and advantageous to rent a suitably situated small house, where the expenses incurred in adaptation would cover a longer period. I have, therefore, also prepared an estimate on this basis.

Enquiries have been addressed to Bradford, Cambridge, and Kettering, as to receipts from parents under the Local Education Authorities (Medical Treatment) Act, 1909. Bradford has not replied. Cambridge has no scale of charges, and have never endeavoured to recover any costs. Kettering up to the present have only treated children whose parents were willing to pay the charges laid down in the Committee's scale, and in two months the receipts have only been £5 10s. As there is no data available for any calculation of value to be made, I have, in these estimates, omitted receipts from parents, but have, on the other hand, not included any sum for contingencies. For the information of the Special Committee, I have appended the scale of charges adopted by the London County Council and by the Kettering Education Committee.

Eye Cases.	£	s.	d.
Fee to oculist at 5s. per case, 200 cases per annum	50	0	0
Provision of Spectacles, say 50 pairs per annum at 3s. 6d. per pair ...	8	15	0
Total ...	£58	15	0

Ear and Throat Cases.

In these cases it is assumed that the time the clinic would be open for ear and throat treatment would be one half-day per month, and the maximum one half-day per week.

	Minimum.			Maximum.		
	£	s.	d.	£	s.	d.
Fee to surgeon at 2½ guineas per half-day	31	10	0	136	10	0
Rent of room, use of equipment, services of nurse, &c., at 20s. per half-day	12	0	0	52	0	0
Total per aunum ...	£43	10	0	£188	10	0

Ringworm Cases.

	£	s.	d.
Fitting up room with X-ray equipment	130	0	0
Adaptation of room, new fire grate, painting, &c.	25	0	0
Initial expenses ...	£155	0	0

	Minimum.			Maximum.		
	£	s.	d.	£	s.	d.
Fee to specialist at 4 guineas per half-day	50	8	0	218	8	0
Upkeep of Apparatus, &c., say ...	10	0	0	10	0	0
Total per annum ...	£60	8	0	£228	8	0

Teeth Cases.

	£	s.	d.
Initial outlay. Fitting up of room with dental equipment and furniture ...	50	0	0

Scheme A

	£	s.	d.
Three dentists, one day each per week at £1 11s. 6d. per day	245	14	0
Upkeep of room, renewals, &c., per annum	40	0	0
Total per annum ...	£285	14	0

Scheme B

	£	s.	d.	£	s.	d.
One full-time dentist, commencing at rising to	250	0	0	300	0	0
Upkeep of room, &c.	40	0	0	40	0	0
Total per annum ...	£290	0	0	£340	0	0

General.

	Minimum.	Maximum.	
School Nurse	£80	£100	per annum
One Clerk (3rd Division of Scale) in Medical Officer's Department	£40	£56	,, ,,
Part time officer in connection with recovery of fees, non-attendance at clinic, &c.	£26	£26	,, ,,
Postages, Stationery, &c.	£10	£10	,, ,,
Extra wages for caretaker, warming, lighting, &c.	£8	£8	,, ,,
Contingencies			
	£164	£200	,, ,,

SUMMARY.

	Initial.			Annual Minimum.			Annual Maximum.		
	£	s.	d.	£	s.	d.	£	s.	d.
Eye Cases				58	15	0	58	15	0
Ear and Throat ...				43	10	0	188	10	0
Ringworm	155	0	0	60	8	0	228	8	0
Teeth	50	0	0	285	14	0	340	0	0
General				164	0	0	200	0	0
	£205	0	0	£612	7	0	£1015	13	0

Add to summary, if house rented.

	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Annual rent of premises				30	0	0						
Annual rates, Insurance				12	0	0						
Annual warming, lighting, cleaning				52	0	0						
				£94	0	0				£94	0	0
Less Wages of Caretaker	8	0	0				8	0	0			
Ear & Throat room	12	0	0				52	0	0			
				20	0	0				60	0	0
				£74	0	0				£34	0	0

Add to initial outlay.

	£	s.	d.
Adaptation of house, Furniture, &c. ...	100	0	0
Less. Adaptation of office	25	0	0
	£75	0	0

	Initial.			Annual Minimum.			Annual Maximum.		
	£	s.	d.	£	s.	d.	£	s.	d.
Brought forward ...	205	0	0	612	7	0	1015	13	0
Add, as shown above	75	0	0	34	0	0	74	0	0
	£280	0	0	£646	7	0	£1089	13	0

Recovery of Cost.

At Kettering the scale of contributions required from parents is:—

	s.	d.	
Eye cases (treated by Ophthalmic Surgeon) ...	5	0	per case.
Spectacles; ordinary steel, fitted with spherical lenses	1	6	per pair.
Spectacles; fitted with sphero-cylinder lenses ...	2	6	,,
Ringworm, scalp	2	0	per case.
,, other	1	0	,,
Discharging ears	2	0	,,
Eczema, head	1	6	,,
,, other		6	,,
Discharging noses	2	0	,,

No scale of charges for dental treatment has yet been fixed.

The London County Council have adopted the following scales:—

Ringworm.

3s. for each attendance with a maximum of 15s., subject where the parents are incapable of paying this charge to following remissions:—

Class.	* Income of standard family † after deducting regular outgoings.	Full charge, 3s. per attendance (for not more than five attendances). Amount of Remission per attendance.	Per attendance.	Maximum.
I.	Under 17s. 6d.	Entire charge may be remitted	nil.	nil.
II.	17s. 6d. and under 20s. 0d.	2s. 8d. may be remitted	4d.	1s. 8d.
III.	20s. 0d. ,, 22s. 6d.	2s. 4d. ,,	8d.	3s. 4d.
IV.	22s. 6d. ,, 25s. 0d.	2s. 0d. ,,	1s. 0d.	5s. 0d.
V.	25s. 0d. ,, 27s. 6d.	1s. 8d. ,,	1s. 4d.	6s. 8d.
VI.	27s. 6d. ,, 30s. 0d.	1s. 4d. ,,	1s. 8d.	8s. 4d.
VII.	30s. 0d. ,, 32s. 6d.	1s. 0d. ,,	2s. 0d.	10s. 0d.
VIII.	32s. 6d. ,, 35s. 0d.	8d. ,,	2s. 4d.	11s. 8d.
IX.	35s. 0d. ,, 37s. 6d.	4d. ,,	2s. 8d.	13s. 4d.
X.	37s. 6d. and above	Full charge to be made	3s. 0d.	15s. 0d.

Eye and Ear Cases.

Class.	* Income of standard family † after deducting regular outgoings.	Charge per Attendance.
I.	Under 17s. 6d.	nil.
II.	17s. 6d. and under 20s. 0d.	4d.
III.	20s. 0d. ,, 22s. 6d.	8d.
IV.	22s. 6d. ,, 25s. 0d.	1s. 0d.
V.	25s. 0d. ,, 27s. 6d.	1s. 4d.
VI.	27s. 6d. and above	1s. 8d.

* A Standard Family assumes five adults, each child over 14 years of age being regarded as an adult, and each child below that age being calculated as ·75 of an adult.

† Such expenses as rent, payments to sick clubs, insurance, fares of wage-earners to and from work, are assumed as regular outgoings.

FREDERICK HORNER,
Secretary.

5. On the receipt of the foregoing report your Special Committee further considered the question of what classes of cases should be treated and where the treatment should be given, and came to the conclusion that in commencing the scheme it would be better to deal with eye, ringworm and teeth cases only, the first in the rooms of the specialist appointed under the scheme, the other cases in rooms at the Education Offices.

To deal with dental cases your Special Committee are of opinion that a full-time school dentist should be appointed, and that, as mentioned in the Medical Officer's Report of 26th April, 1910, the work of the school dentist should be placed "under the supervision of a more permanent and resident senior dentist." The senior school dentist would from time to time inspect the work of the full-time officer, would advise the Committee on the details in reference to the equipment of the dental clinic, and would report on the qualifications of the applicants for the full-time appointment. It is suggested that a fee of ten guineas per annum should be paid for these services, and this amount must be added to the estimates prepared by the Secretary. The school dentist should, in the opinion of your Special Committee, be required as a condition of appointment to give an undertaking that he will not during the three years following the termination of his appointment set up in practice within seven miles of the City Boundaries.

Your Special Committee also consider that especial attention should be drawn to the operation of the Local Education Authorities (Medical Treatment) Act, 1909. Section 1 of this Act requires that "there shall be charged to the parent of every child in respect of any treatment provided for that child such an amount not exceeding the cost of treatment as may be determined by the Local Education Authority, and in the event of payment not being made by the parent it shall be the duty of the authority, unless they are satisfied that the parent is unable by reason of circumstances other than his own default to pay the amount, to require the payment of that amount from that parent, and any such amount may be recovered summarily as a civil debt."

Your Special Committee are of opinion that a scale of charges should be drawn up at the outset of any scheme for remedial treatment, though until experience of the local cost of working has been obtained, it is obviously impossible to state the exact cost per case. The scale of charges adopted by the London County Council for eye and ringworm cases appear suitable for use until this local experience has been obtained. With regard to charges for teeth cases, your Committee have consulted with the registered practitioners of the City and have adopted the same provisional scale as for eye cases.

(6). *Recommendations.*

Your Special Committee beg leave to *recommend*:—

(*a*) That the Council be recommended to exercise their powers under Section 13 (b) of the Education (Administrative Provisions) Act, 1907, and to provide medical treatment for public elementary school children suffering from defective eyes, ringworm, or defective teeth, in accordance with the scheme now submitted, at an estimated initial cost of £205, and an estimated annual minimum cost of £579 7s., and an annual maximum cost of £837 13s.

(*b*) That, subject to the adoption of the foregoing recommendation, the Council be further recommended to remit the matter to the Education Committee, with authority for them to obtain the sanction of the Board of Education to the scheme, and on receipt of such sanction for them to appoint a part time oculist for eye cases at a fee of 5s. per case, a part time Medical Officer for ringworm cases at a fee of 4 guineas per half-day, a part time inspecting school dentist at an annual fee of 10 guineas, a full-time school dentist at a salary of £250 per annum, and to carry out all other necessary steps for bringing the scheme into operation, including the appointment of an additional school nurse and clerks, as given in the scheme, at salaries according to scale.

(*c*) That the Council be recommended to adopt the following scale of charges in accordance with the requirements of the Local Education Authorities (Medical Treatment) Act, 1909:—

Eye and Dental Cases.

Class	* Income of standard family † after deducting regular outgoings.	Charge per attendance.
I.	Under 17s. 6d.	Nil.
II.	17s. 6d. and under 20s.	4d.
III.	20s. and under 22s. 6d.	8d.
IV.	22s. 6d. and under 25s.	1s. 0d.
V.	25s. and under 27s. 6d.	1s. 4d.
VI.	27s. 6d. and above	1s. 8d.

Ringworm.

3s. for each attendance with a maximum of 15s., subject where the parents are incapable of paying this charge, to following remissions:—

Class.	* Income of standard family, † after deducting regular outgoings.	Full charge: 3s. per attendance. (For not more than five attendances). Amount of Remission per attendance.	Charge per attendance.	Maximum Charge.
I.	Under 17s. 6d.	Entire charge may be remitted	nil.	nil.
II.	17s. 6d. and under 20s. 0d.	2s. 8d. may be remitted	4d.	1s. 8d.
III.	20s. 0d. ,, 22s. 6d.	2s. 4d. ,,	8d.	3s. 4d.
IV.	22s. 6d. ,, 25s 0d.	2s. 0d. ,,	1s. 0d.	5s. 0d.
V.	25s. 0d. ,, 27s. 6d.	1s. 8d. ,,	1s. 4d.	6s. 8d.
VI.	27s. 6d. ,, 30s. 0d.	1s. 4d. ,,	1s. 8d.	8s. 4d.
VII.	30s. 0d. ,, 32s. 6d.	1s. 0d. ,,	2s. 0d.	10s. 0d.
VIII.	32s. 6d. ,, 35s. 0d.	8d. ,,	2s. 4d.	11s. 8d.
IX.	35s. 0d. ,, 37s. 6d.	4d. ,,	2s. 8d.	13s. 4d.
X.	37s. 6d. and above	Full charge to be made	3s. 0d.	15s. 0d.

* A Standard Family assumes five adults, each child over 14 years of age being regarded as an adult, and each child below that age being calculated ·75 of an adult.

† Such expenses as rent, payments to sick clubs, insurance, fares of wage-earners to and from work, are assumed as regular outgoings.

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